

## Radiography TEST Report for Piping

| Report No.           | ZK-127     | Reference Standard:                       | ASME B 31.3                              | RT Device S/N:                | 577          | Density:       | 2-4                             | Received Dose(μsv) | Geiger                                         | Dosimeter       | Radiographer Name | Personnel Code  |             |                                     |                          |                          |                          |                          |        |
|----------------------|------------|-------------------------------------------|------------------------------------------|-------------------------------|--------------|----------------|---------------------------------|--------------------|------------------------------------------------|-----------------|-------------------|-----------------|-------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| Report Date:         | 13/04/1405 | RT Instruction No.                        | J-104-1N-33                              | KV:                           |              | Sensitivity:   | 1/2                             |                    | ---                                            | 0               | علی ناردیس        | 1230            |             |                                     |                          |                          |                          |                          |        |
| Radiography Date:    | 12/04/1405 | RT Technique:                             |                                          | Source Power:                 | 50 ci        | Film Type:     | MX125-PB-10                     | 70μsv              | PN11-30-0002002                                | 0               | سعید سوادکوهی     | 1257            |             |                                     |                          |                          |                          |                          |        |
| Request No.          | 80         | SWSI <input type="checkbox"/>             | DWSI <input checked="" type="checkbox"/> | DWDI <input type="checkbox"/> | Source Size: | 2-2            | Total Film Length:              | 1,336CM            | 70μsv                                          | 1219            | 0                 | سینا ناصری پاشی | 1165        |                                     |                          |                          |                          |                          |        |
| Page:                | 1/1        | IQI                                       | 6 - 12                                   | Fe                            | DIN          | Exposure Time: | 340min                          | Spoiled Film:      | ---                                            | ---             | ---               | ---             |             |                                     |                          |                          |                          |                          |        |
| Number of locations: | 6          | Total request (inch diameter/film sheet): |                                          |                               |              | 276            | Number of radiographic lesions: | 6                  | Total radiographed (inch diameter/film sheet): |                 | 276(inch)         | Start time:     | 19:00       | End time:                           | 4:00                     |                          |                          |                          |        |
| Row                  | Joint No.  | Line No.                                  | RT No.                                   | Size (inch)                   | Thk (mm)     | Film Size      | Segment                         | Material           | Welder Stamp<br>W1 W2                          | Welding Process | Joint Type        | Req No.         | Weld Defect | Accept                              | Repair                   | Rebuild                  | Retake                   | Cut Out                  | Remark |
| 1                    | 33         | 48°-NG-002-106-FN02-PT                    | 83 PD                                    | 48                            | 26.97        | 40*11          | ALL                             | CS                 | 22*23                                          |                 | BW                | 80              |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 2                    | 7          | 56°-NG-002-117-FN02-PT                    | 598RS                                    | 56                            | 31.75        | 40*4           | 160-190                         | CS                 | 4*11                                           |                 | BW                | 80              |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 3                    | 30         | 56°-NG-002-117-FN02-PT                    | 152RS                                    | 56                            | 31.75        | 128*1          | 70-110/200-240                  | CS                 | 1*3                                            |                 | BW                | 80              |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 4                    | 37         | 56°-NG-002-117-FN02-PT                    | 159RT                                    | 56                            | 31.75        | 24*2           | 250-270                         | CS                 | 1*4                                            |                 | BW                | 80              |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 5                    | 27         | 30°-NG-002-124-FN02-PT                    | 1688                                     | 30                            | 19.05        | 40*7           | ALL                             | CS                 | 19*7                                           |                 | BW                | 80              |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 6                    | 52         | 30°-NG-002-200-FN02-PT                    | 1752                                     | 30                            | 19.05        | 40*7           | ALL                             | CS                 | 8*12                                           |                 | BW                | 80              |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
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| 0                    |            |                                           |                                          |                               |              | *              |                                 |                    |                                                |                 |                   |                 |             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
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| 0                    |            |                                           |                                          |                               |              | *              |                                 |                    |                                                |                 |                   |                 |             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 0                    |            |                                           |                                          |                               |              | *              |                                 |                    |                                                |                 |                   |                 |             |                                     |                          |                          |                          |                          |        |