

# Radiography TEST Report for Piping

|                   |            |                                                                                                      |               |                |        |                    |              |                    |      |        |  |           |  |                   |                |
|-------------------|------------|------------------------------------------------------------------------------------------------------|---------------|----------------|--------|--------------------|--------------|--------------------|------|--------|--|-----------|--|-------------------|----------------|
| Report No.        | JNS- 17    | Reference Standard:                                                                                  | API 1104      | RT Device S/N: | 183    | Density:           | 2-4          | Received Dose(μsv) |      | Geiger |  | Dosimeter |  | Radiographer Name | Personnel Code |
| Report Date:      | 10/06/1405 | RT Instruction No.                                                                                   | J-104-IN-28   | KV:            |        | Sensitivity:       | 1/2          |                    |      | ...    |  | 0         |  | یاور کریمی        | 1143           |
| Radiography Date: | 08/06/1405 | RT Technique:                                                                                        |               | Source Power:  | 30 ci  | Film Type:         | MX125- PB-10 |                    | 0μsv | 1219   |  | 0         |  | احد رنیزی         | 1216           |
| Request No.       | 0          | SWSI <input type="checkbox"/> DWSI <input checked="" type="checkbox"/> DWDI <input type="checkbox"/> |               | Source Size:   | 2-2    | Total Film Length: | 224CM        |                    | 0μsv | 528    |  | 0         |  | محمد دیماد        | 1147           |
| Page:             | 1/1        | IQI                                                                                                  | 6 - 12 Fe DIN | Exposure Time: | 240min | Spoiled Film:      |              |                    |      | ...    |  | ...       |  | ...               |                |

| Number of locations: |           | 72       | Total request (inch diameter/film sheet): |             | 456      | Number of radiographic lesions: |         |          | 6            | Total radiographed (inch diameter/film sheet): |                 |            |         | 120(inch)   | Start time:                         |                          | 3:00                     | End time:                |                          | 7:00   |
|----------------------|-----------|----------|-------------------------------------------|-------------|----------|---------------------------------|---------|----------|--------------|------------------------------------------------|-----------------|------------|---------|-------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| Row                  | Joint No. | Line No. | RT No.                                    | Size (inch) | Thk (mm) | Film Size                       | Segment | Material | Welder Stamp |                                                | Welding Process | Joint Type | Req No. | Weld Defect | Accept                              | Repair                   | Reshoot                  | Retake                   | Cut-Out                  | Remark |
|                      |           |          |                                           |             |          |                                 |         |          | W1           | W2                                             |                 |            |         |             |                                     |                          |                          |                          |                          |        |
| 1                    | 31A RP    | STR      |                                           | 20          | 23.8     | 40*1                            | 68~78   | CS       | H.S          |                                                |                 | BW         |         |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 2                    | 45B RP    | STR      |                                           | 20          | 23.8     | 40*1                            | 148~151 | CS       | H.S          |                                                |                 | BW         |         |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 3                    | 50 RP     | STR      |                                           | 20          | 23.8     | 40*1                            | 83~84   | CS       | H.S          |                                                |                 | BW         |         |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 4                    | 55 RS     | STR      |                                           | 20          | 23.8     | 24*1                            | 125~140 | CS       |              |                                                |                 | BW         |         |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 5                    | 66RP      | STR      |                                           | 20          | 15.9     | 40*1                            | 57~62   | CS       | H.S          |                                                |                 | BW         |         |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 6                    | 67RP      | STR      |                                           | 20          | 15.9     | 40*1                            | 118~119 | CS       | H.S          |                                                |                 | BW         |         |             | <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"/> |        |
| 0                    |           |          |                                           |             |          | *                               |         |          |              |                                                |                 |            |         |             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 0                    |           |          |                                           |             |          | *                               |         |          |              |                                                |                 |            |         |             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 0                    |           |          |                                           |             |          | *                               |         |          |              |                                                |                 |            |         |             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| 0                    |           |          |                                           |             |          | *                               |         | </       |              |                                                |                 |            |         |             |                                     |                          |                          |                          |                          |        |