

## Radiography TEST Report for Piping

|                   |            |                                                                                                      |               |                |       |                    |              |                    |  |        |  |           |  |                   |                |
|-------------------|------------|------------------------------------------------------------------------------------------------------|---------------|----------------|-------|--------------------|--------------|--------------------|--|--------|--|-----------|--|-------------------|----------------|
| Report No.        | JNS- 19    | Reference Standard:                                                                                  | API 1104      | RT Device S/N: | 12875 | Density:           | 2-4          | Received Dose(μsv) |  | Geiger |  | Dosimeter |  | Radiographer Name | Personnel Code |
| Report Date:      | 15/06/1405 | RT Instruction No.                                                                                   | J-104-IN-28   | KV:            |       | Sensitivity:       | 1/2          |                    |  | ...    |  | 0         |  | یاور کریمی        | 1143           |
| Radiography Date: | 10/06/1405 | RT Technique:                                                                                        |               | Source Power:  | 29 ci | Film Type:         | MX125- PB-10 | 0μsv               |  | 1122   |  | 0         |  | ابوذر تاجمردادی   | 1110           |
| Request No.       | 0          | SWSI <input type="checkbox"/> DWSI <input type="checkbox"/> DWDI <input checked="" type="checkbox"/> |               | Source Size:   | 2-2   | Total Film Length: | 0CM          | 0μsv               |  | 1190   |  | 0         |  | کرامت اله صادقی   | 1123           |
| Page:             | 1/1        | IQI                                                                                                  | 6 - 12 Fe DIN | Exposure Time: | min   | Spoiled Film:      |              |                    |  | ...    |  | ...       |  | ...               |                |

| Number of locations: |           | 28       | Total request (inch diameter/film sheet): |             | 214      | Number of radiographic lesions: |         |          | 0            | Total radiographed (inch diameter/film sheet): |                 |            |         |             | (inch)                   | Start time:              |                          | 2:00                     | 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                                             |                 |            |         |             |                          |                          |                          |                          |                          |        |      |
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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                    |           |          |                                           |             |          | *                               |         |          |              |                                                |                 |            |         |             | <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                    |           |          |                                           |             |          |                                 |         |          |              |                                                |                 |            |         |             |                          |                          |                          |                          |                          |        |      |