

## Radiography TEST Report for Piping

|                   |            |                                                                                                                 |                |                |       |                    |               |                    |       |        |  |           |  |                   |                |
|-------------------|------------|-----------------------------------------------------------------------------------------------------------------|----------------|----------------|-------|--------------------|---------------|--------------------|-------|--------|--|-----------|--|-------------------|----------------|
| Report No.        | A 002      | Reference Standard:                                                                                             | ASME Sec VIII  | RT Device S/N: | 1794  | Density:           | 2-4           | Received Dose(μsv) |       | Geiger |  | Dosimeter |  | Radiographer Name | Personnel Code |
| Report Date:      | 18/05/1405 | RT Instruction No.                                                                                              | J-104-IN-16    | KV:            |       | Sensitivity:       | 1/2           |                    |       | ...    |  | 0         |  | هومان نادری       | 1205           |
| Radiography Date: | 14/05/1405 | RT Technique:                                                                                                   |                | Source Power:  | 15 ci | Film Type:         | FUJ150-NIF-10 |                    | 15μsv | 526    |  | 0         |  | امید برآهونی      | 1105           |
| Request No.       | 0          | SWSI <input checked="" type="checkbox"/> DWSI <input checked="" type="checkbox"/> DWDI <input type="checkbox"/> |                | Source Size:   | 2-2   | Total Film Length: | 192CM         |                    | 15μsv | 1191   |  | 0         |  | عباس حاجی زاده    | 1214           |
| Page:             | 1/2        | IQI                                                                                                             | 10 - 16 Fe DIN | Exposure Time: | 25min | Spoiled Film:      |               | ...                |       | ...    |  | ...       |  | ...               |                |

| Number of locations: |           | 3                 | Total request (inch diameter/film sheet): |             | 6        | Number of radiographic lesions: |         | 3        | Total radiographed (inch diameter/film sheet): |    |                 |            |         | 6(inch)     | Start time:                         |                          | 16:00                    |                          | End time:                |        | 17:00 |  |
|----------------------|-----------|-------------------|-------------------------------------------|-------------|----------|---------------------------------|---------|----------|------------------------------------------------|----|-----------------|------------|---------|-------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|-------|--|
| 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                    | 6G        | ALI AKBAR KIANI   | WQT-46                                    | 6           | 7.11     | 24*3                            |         | C.S      |                                                |    |                 |            |         |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |       |  |
| 2                    | 2G,3G     | ALI AKBAR KIANI   | WQT-46                                    | PL          | 10       | 30*2                            |         | C.S      |                                                |    |                 |            |         |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |       |  |
| 3                    | 2G,3G     | ALIREZA TAHMASEBI | WQT-51                                    | PL          | 10       | 30*2                            |         | C.S      |                                                |    |                 |            |         |             | <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                    |           |                   |                                           |             |          | *                               |         |          |                                                |    |                 |            |         |             | <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                    |           |                   |                                           |             |          | *                               |         |          |                                                |    |                 |            |         |             | <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"/> |                          |                          |        |       |  |