|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SO No :**    **PPO No.:** | | | PO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vendor :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Valve Type : , Size in,Class:\_\_\_\_\_  Specification: , Grade:\_\_\_\_\_\_\_  Part Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Report No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Shift : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Page : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Reference Product: | | | | | | Configuration: | | | | | |
| Acceptance Standard: | | | | | | Equipment: | | | | | |
| Testing Temperature: | | | | | | Method: Visible Fluorescent | | | | | |
| Surface Condition: | | | | | | Black Light: with without | | | | | |
| Pre Cleaning: | | | | | | Black Light No.: intensity | | | | | |
| Post Cleaning: | | | | | | Stage of examination: | | | | | |
| CHEMICAL DATA: | | | | | | | | | | | |
| Chemical | | Brand | | Type | Batch No | | Application | | Dwell Time  (minutes) | | Others |
| Penetrant | |  | |  |  | | Brush  Spray  Immersion | |  | |  |
| Emulsifier | |  | |  |  | | Flow-On  Spray  Immersion | |  | |  |
| Remover | |  | |  |  | | Hand Wipe | |  | |  |
| Developer | |  | |  |  | | Brush  Spray  Bleed Out | |  | |  |
| **No** | **Identification No** | | | | **Welder ID** | | **Inspection Result** | | | **Remarks** | |
|  |  | | | |  | |  | | |  | |
|  |  | | | |  | |  | | |  | |
|  |  | | | |  | |  | | |  | |
|  |  | | | |  | |  | | |  | |
|  |  | | | |  | |  | | |  | |
|  |  | | | |  | |  | | |  | |
|  |  | | | |  | |  | | |  | |
|  |  | | | |  | |  | | |  | |
|  |  | | | |  | |  | | |  | |
|  |  | | | |  | |  | | |  | |
| Note: √ = Accept, X = Reject, Rp. = Repair | | | | | | | | | | | |

Prepared by: Reviewed by: Reviewed & Witnessed by:

# Penetrant Inspector Third Party Inspector Customer Representative

Initial/Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_ Initial/Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed: Signed:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: Date: