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| Customer :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SO No :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Uraian Produk:  Description of Product  Specification : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Grade : \_\_\_\_\_\_\_\_  Spesifikasi Grade  Jenis :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type  Ukuran : OD \_\_\_\_\_\_\_\_\_\_\_ in,  OD  Koneksi : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  End Connection | | | | | | | | No. PPO : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rev# : \_\_\_\_\_\_\_\_  PPO No. Rev#  Flux : \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Flux  Jenis Wire: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Wire Type  No. WPS : \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  WPS No. | | | | | No. Laporan : \_\_\_\_\_\_ \_\_\_\_\_\_\_  Report No.  Tanggal : \_\_\_\_\_\_ \_\_\_\_\_\_\_  Date  Shift : \_\_\_\_ \_\_\_\_\_\_\_\_\_  Shift  Halaman : \_\_ \_\_ dari \_\_\_ \_  Page of |
| No.  No. | Identification  Identifikasi | Parameter Pengelasan  Welding Parameter | | | | | | | | | | | Kec. Pengelasan  Trevel speed  (cm/min) | Catatan  Remark | | |
| Tegangan (V)  Voltage | | | | | | Arus (A)  Ampere | | | | |
| Volt 1 | | Volt 2 | Volt 3 | | Volt 4 | Amp. 1 | Amp. 2 | Amp. 3 | Amp. 4 | |
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| Catatan:  Note | | | * Perubahan wire ditulis dalam kolom Catatan: jenis Wire, No. Lot, danJumlah   If any wire change should be written in Remark: type of Wire, Lot No., and Quantity | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | Diperiksa dan Disaksikan oleh:  Reviewed and Witnessed by | | |  | |
| Disiapkan oleh: Operator  Prepared by Operator  Inisial/Tanda Tangan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Initial/Sign  Tanggal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | Diperiksa oleh:  Reviewed by  Inisial/Tanda Tangan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Initial/Sign  Tanggal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | Inspektor Pihak Ketiga  Third Party Inspector  Inisial/Tanda Tangan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Initial/Sign  Tanggal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | Perwakilan Pelanggan  Customer Representative  Inisial/Tanda Tangan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Initial/Sign  Tanggal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | |