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| **SO No :**    **PPO No.:** | | PO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vendor :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Valve Type : , Size in,Class:\_\_\_\_\_  Specification: , Grade:\_\_\_\_\_\_\_  Part Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Report No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Shift : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Page : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Reference Std: | | | | Equipment Specification: | | | |
| Acceptance Standard: | | | | Technique: | | | |
| Testing Temperature: | | | | Method: Visible Fluorescent  Dry Wet | | | |
| Surface Condition: | | | |
| Magnetic particle: Brand : | | | | Equipment’s Verification : OK Not OK | | | |
| Color Contrast: | | | | Time of verification: | | | |
| Stage of examination: | | | | Load of verification : Kg | | | |
| Remarks : | | | | | | | |
| **No** | **Identification Number** | | **Welder ID** | | **Inspection Result** | | **Remarks** |
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| Note : ✓ = Accept, x = Reject, Rp = Repair | | | | | | | |

**Prepared by**: **Reviewed by:** **Reviewed and Witnessed by:**

**MPI Inspector** Third Party Inspector Customer Representative

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

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