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| **SO No :**    **PPO No.:** | | | PO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vendor :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Valve Type : , Size in,Class:\_\_\_\_\_  Specification: , Grade:\_\_\_\_\_\_\_  Stage of examination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Part Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Report No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Shift : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Page : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Equipment: Probe used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test Method: Reference Standard:  Acceptance Criteria: | | | | | - Longitudinal & Transverse Flaw : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  - Lamination : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  - Manual/Procedure : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  - Calibration frequency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note : | | | | | |
| **No** | Identification | Welder ID | | Location of Defects  **( mm )** | | **Depth of Defects**  **( mm )** | **Inspection Result** | | **Remarks** | |
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| Note:   * **✓** = Accepted **X** = Reject * Mark adjacent to the defective area with White Paint. * Circle the defective area with chalk. | | | | | | | | | |  |

Prepared by: Reviewed by: Reviewed and Witnessed by:

**Ultrasonic Inspector** Third Party Inspector Customer Representative

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

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