

# NDT REPORTING SERVICES PVT. LTD.

A 1/ ADDRESS LINE 1, LANDMARK, AREA,  
CITY - PIN CODE. STATE, COUNTRY

Tel: +91-22-12345678 / +91-22-87654321 Fax: +91-22-23456789.

Email: ServiceDesk@NDTReports.net



## RADIOGRAPHIC EXAMINATION REPORT

### Job Description

Unique No:	22	Report No:	
Location:		Description:	
Client:	1	Test Date:	03/03/2014
Contract No:		Contact Person:	

### Reference Documents

Code:		Test Specification:	
Test Procedure No.:		Acceptance Standard:	

### Radiography Technique Details

Type of Source:	X ray	Unit of Energy:	
Identification:	X Ray	Focal Spot Size:	
Film Make And Type:	1	Type of IQI:	
IQI BatchNo:		Technique:	Test1
Shim Thickness:		Densitometer No:	
Calibration Date:		Geometrical Unsharpness:	
Exposure Time:			

### Radiography Job Details

Material Specification:		Surface Condition:	
Surface Temperature:		Extent of Examinations:	
Test Limitations:		SFD:	
Welding Method:		Weld Thickness:	
Weld Preparation:		Stage of Examination:	

### Test Results

No	Identification No	Joint No	Welder	Segment	Size	Density	Sensitivity	Observation	Remarks
1	1	1	1	1	1X1	1.00	1	Test	Test

### Legend

IP/LP	Incomplete Penetration	LF	Lack of Fusion	SL	Slag Line	UC	Under Cut
AD	Accumulated Defects	Por	Porosity	Gr Por	Group Porosity	BT	Burn Thru

### Radiographer:

Radiographs Viewed By	Client Approval	Authority Witness	Client Witness

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No	Identification No	Joint No	Welder	Segment	Size	Density	Sensitivity	Observation	Remarks
RT	Retake		RS	Reshoot		Rep	Repair	Acc	Acceptable

### Radiographer:

Radiographs Viewed By	Client Approval	Authority Witness	Client Witness