FORM B

Technology Development Division Quality and Certification Department

Attn: Mr Linn Naing Win Tel: 6730 4488



200 Braddell Road S(579700)

CONQUAS Line: 6730 4400

Contacts: Ms Serena Chua Tel: 6730 4477

Mr Joeson Teo Tel: 6730 4518

* PLEASE SEND ORIGINAL DECLARATION *

Summary of Welding Test Records

	Magnetic Particle Inspection/Radiographic Examination/Ultrasonic Examination/ Dye Penetration/Others* (PLEASE INCLUDE ALL RELEVANT TEST REPORTS)			
S/N	Type of Test	Location	Date of Test	Pass/Fair
		s refer to first time testing (Re-Tests Exc he above declaration is correct	cluded) and are complete	
Ctureatres	al Ovalified Person.			
sırucıur	al Qualified Person:	(Name,Signature, Date &	Stamp)	

^{*} Please delete accordingly