REPORT OF RADIOGRAPHIC EXAMINATION OF WELDS

Project _____

Quality Requirements—Section No. _____

Reported to _____

WELD LOCATION AND IDENTIFICATION SKETCH

Technique

Source _____

Film to Source _____

Exposure Time _____

Screens _____

Film Type _____

(Describe length, width, and thickness of all joints radiographed)

Date	Weld Identification	Area	Interpretation		Repairs		Remarks
			Accept	Reject	Accept	Reject	

We, the undersigned, certify that the statements in this record are correct and that the test welds were produced, welded, and tested in accordance with the requirements of Clause 3 of AWS D1.9/D1.9M, (_____) *Structural Welding Code—Titanium*.
(year)

Radiographer(s) _____

Interpreter _____

Test Date _____

Date _____

Fabricator or Contractor _____

Authorized by _____

Title _____

Signed _____

Form D-4