

REPORT OF MAGNETIC-PARTICLE EXAMINATION OF WELDS

Project _____
 Quality requirements—Section No. _____
 Reported to _____

WELD LOCATION AND IDENTIFICATION SKETCH

Quantity: _____ Total Accepted: _____ Total Rejected: _____

Date	Weld Identification	Area Examined		Interpretation		Repairs		Remarks
		Entire	Specific	Accept.	Reject	Accept.	Reject	

PRE-EXAMINATION

Surface Preparation: _____

EQUIPMENT

Instrument Make: _____ Model: _____ S. No.: _____

METHOD OF INSPECTION

- Dry Wet Visible Fluorescent

How Media Applied: _____

- Residual Continuous True-Continuous

- AC DC Half-Wave

- Prods Yoke Cable Wrap Other _____

Direction for Field: Circular Longitudinal

Strength of Field: _____

(Ampere-turns, field density, magnetizing force, number, and duration of force application.)

POST EXAMINATION

Demagnetizing Technique (if required): _____

Cleaning (if required): _____ Marking Method: _____

We, the undersigned, certify that the statements in this record are correct and that the test welds were prepared and tested in accordance with the requirements of AWS D14.1, (_____).
 (year)

Inspector _____ Manufacturer or Contractor _____

Level _____ Authorized By _____

Test Date _____ Date _____

Figure A.6—Sample Form E5