REPORT OF RADIOGRAPHIC EXAMINATION OF WELDS

Project _____

Quality requirements—Section no. _____

Reported to _____

Weld Location and Identification Sketch

Weld drawing no. _____

Base alloy(s) _____

Filler alloy _____

Technique

Source _____ kV _____ mA _____

Film to source _____

Exposure time _____ Min. _____ Max.

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 prepared and tested in accordance with the requirements of AWS D15.1: (_____), *Railroad Welding Specification for Cars and Locomotives*.
(year)

Radiographer(s) _____

Manufacturer or Contractor _____

Interpreter _____

Authorized by _____

Form D-15

Date _____