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 welds were prepared and tested in conformance with the requirements of AASHTO/AWS D1.5M/D1.5, (_____) *Bridge Welding Code*.
(year)

Radiographer(s)_____ Manufacturer or Contractor _____

Interpreter_____ Authorized By_____

Test Date _____ Date _____

Form N-6—Report of Radiographic Examination of Welds