REPORT OF RADIOGRAPHIC EXAMINATION OF WELDS

FIUJECL

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)

			Interpretation		Repairs		
Date	Weld identification	Area	Accept.	Reject	Accept.	Reject	Remarks

We, the undersigned, certify that the statements in this record are correct and that the test welds were prepared and tested in conformance with the requirements of AWS D1.1/D1.1M, (______) *Structural Welding Code—Steel.*

Radiographer(s)	Manufacturer or Contractor
Interpreter	Authorized by
Test date	Date

(See http://go.aws.org/D1forms)