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 conformance with the requirements of AWS D1.1/D1.1M, (_____) *Structural Welding Code—Steel*.
(year)

Inspector _____ Manufacturer or Contractor _____

Level _____ Authorized By_____

Test Date_____ Date _____

Form J-7 (See http://go.aws.org/D1forms)