

### 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 test welds were prepared and tested in conformance with the requirements of AWS D1.1/D1.1M, (\_\_\_\_\_) *Structural Welding Code—Steel*.  
(year)

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