



RADIOGRAPHIC WELD TEST REPORT

DATE		WELDERS NAME		LAST FOUR DIGITS OF SSN#	
LOCATION		NAME OF CONTRACTOR OR COMPANY		RIGHT-HANDED <input type="checkbox"/>	REQUALIFYING TEST <input type="checkbox"/>
				LEFT-HANDED <input type="checkbox"/>	QUALIFYING TEST <input type="checkbox"/> LINE TEST <input type="checkbox"/>
POSITION	INCLINED <input type="checkbox"/>	ELECTRIC ARC <input type="checkbox"/>	INDOOR <input type="checkbox"/>	WEATHER CONDITIONS	
FIXED <input type="checkbox"/>	HORIZONTAL <input type="checkbox"/>	OX-ACETYLENE <input type="checkbox"/>	OUTDOOR <input type="checkbox"/>	TIME OF DAY/TEMP	
PIPE SPECIFICATIONS		PIPE MANUFACTURER		WALL THICKNESS	DIAMETER (OD) WEIGHT PER FOOT
MAKE OF WELDING MACHINE		BRAND OF ELECTRODES		NUMBER OF PASSES	WELDING PROCEDURE NO.

	ELECTRODE TYPE AND SIZE	MACHINE SETTINGS		AMPERAGE RG.	VOLTAGE RC.	NOTES
		COARSE	FINE			
STRINGER						
HOT PASS						
FILLER (S)						
CAP PASS						
NOTE:						

INSPECTION REQUIREMENTS

DESCRIPTION	ACCEPT	REJECT	REMARKS
INADEQUATE PENETRATION			
INADEQUATE PENETRATION/HI LO			
INADEQUATE CROSS PENETRATION			
INADEQUATE FUSION			
INTERNAL CAVITY			
BURN THROUGH			
SLAG INCLUSIONS			
POROSITY			
CRACKS			
UNDERCUTTING			
ACCUMULATED IMPERFECTIONS			
VISUAL INSPECTION			

REMARKS

WELDING PROCESS ELECTRIC ARC-STICK ___ ELECTRIC ARC-WIRE ___ OXY/ACETYLENE ___	QUALIFIED <input type="checkbox"/>	REJECTED <input type="checkbox"/>	RADIOGRAPHIC PROCEDURE #

INSPECTION COMPANY NAME	INSPECTION TECH NAME
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