

<b>www.Inspection-for-Industry.com</b> Quality Control Form	Project:	
<b>RT RESULT REPORT</b> <b>(PIPING)</b>	Client:	Report No.:
	Contractor:	Date:
	Ref. Standard:	Page 1 of 1
	Doc. No.:	

Equipment::	Activity(Ci):	Exposure Technique:	Density Range:
Source Type:	Voltage(KV):	Film Type/Width:	Sensitivity:
Source Size(mm):	Current(mA):	Screen Type/Thk.:	Ug:
DWG. No.:	Procedure No.		

Item	Section/ Location/ Line No.	Joint No.	Reques No.	L/OD (inch)	Thk. (mm)	SFD/FFD (cm)	Welder ID	Film Length (cm)	Film Location	Description of Defects	Result					Remarks
											Acc	Rep	R/S	R/R	C/O	

<b>Radiographs Qty.</b>	<b>R/S:</b>	<b>Approved:</b>	<b>Total Film Length</b>	<b>R/S:</b>	<b>Approved:</b>
<b>Abbreviations:</b>					
Acc: Accept	SWSI: Single Wall Single Image	SP: Spherical porosity	BT: Burn Through	SI: Slag Inclusion	CC: Crater Crack
Rep: Repair	DWSI: Double Wall Double Image	CP: Cluster Porosity	LOF: Lack of Fusion	SL: Slag Line	SC: Shrinkage Cavity
C/O: Cut Out	ELP: Elliptical	WH: Worm Hole	CL: Cold Lap	TI: Tungsten Inclusion	RU: Root Undercut
R/S: Reshoot	PAN: Panoramic	HB: Hollow Bead	LOP: Lack of Penetration	LC: Longitudinal Crack	CU: Cap Undercut
R/R: Reradiograph	SIMP: super impose	EP: Excess Penetration	RC: Root Concavity	TC: Transverse Crack	FM: Film Mark

<b>Quality Control</b>	<b>TPI Inspection</b>	<b>Client</b>
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Sign:</b>	<b>Sign:</b>	<b>Sign:</b>
<b>Date</b>	<b>Date</b>	<b>Date:</b>