www.Inspection-for-Industry.com Quality Control Form	**Project:**
	Client: / **Report No.:**
MAGNETIC PARTICLE TEST	**Contractor:** / **Date:**
	Ref. Standard: / **Page** 1 **of** 1
	Doc. No.:

Magnetizing Technique:	**Total tested length:**	**Item No.:**
Magnetizing Method:	**Thickness:**	

No.	Date	Weld Identification	Tested L (cm)	Percent	Defect								Evaluation			Final Result
					Crack											
					Longitudinal	Transverse	Crater Crack	Star Crack	Piping Porosity	Excessive Poro.	Slag Inclusion	Incomplete Fusion	Accept	Reject	Accept After Repair	

Quality Control	TPI Inspection	Client
Name: **Sign:** **Date**	**Name:** **Sign:** **Date**	**Name:** **Sign:** **Date:**