	Project:		
www.Inspection-for-Industry.com Quality Control Form			
	Client:	Report No.:	
ULTRASONIC EXAMINATION	Contractor:	Date:	
	Ref. Standard:	Page 1 of 1	
	Doc. No.:		

Location / Area:		Drawing No.:		Mat	terial:	
Welding Process :			Weld Type :			
Welding Frocess .			Weld Type .			
SMAW	GTAW	GMAW	Butt Joint	ТJ	Joint	Corner Joint
FCAW	SAW	Other	Longitudinal V	Weld G	Birth Weld	Other
Surface Condition :	· · · · · · · · · · · · · · · · · · ·		Groove Type :			
As Weld	As Forge	As Cast		V	U X	
As Machine	As Ground	Other		K	Other	
Equipment :			Search Unit :			
	acturer :		Manufact	urer :		
Model :			Model :			
	I.D No. : Calibration : Valid Not Valid		Frequenc	;y:	MHz/Siz	e :
	tion : Valid	Not Valid				
Test Blocks :			Couplant :		0	Olive ender
Calibration				Dil	Grease	Glycerin
Basic Mate	erial :		5	CA	Water	Other
Equipment Function Screen Height Lines %FSH		± %FSH	/ Amplitude	Control Lin	earity :	±
Examination Metho	d : Pulse-Ec	ho Straight Bea	m Angle Beam	Contact	immersion	Through
Transmission Degree :		-	-			-
Standard Sensivity		Size :				
		From SDH	FBH	NOTCH	B/REF.	Other
Examination Sketch	n (if Required):					
	-					

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