REPORT OF VISUAL AND DYE-PENETRANT EXAMINATION

Project _____

Quality requirements—section no. _____

Reported to _____

Weld Location and Identification Sketch

Weld drawing no. _____

Base alloy(s) _____

Filler alloy _____

Postweld treatment _____

Dye-penetrant 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 welds were prepared and tested in accordance with the requirements of AWS D1.2/D1.2M, *Structural Welding Code—Aluminum*.

Inspector _____

Date _____

Manufacturer or contractor _____

Authorized by _____

Date _____

Form G(b)