REPORT OF RADIOGRAPHIC EXAMINATION OF WELDS

Project _____
Quality requirements—section no. _____
Reported to _____

WELD LOCATION AND IDENTIFICATION SKETCH

Technique
Source _____
Film to source _____
Exposure time _____
Screens _____
Film 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 test welds were prepared and tested in conformance with the requirements of AWS D1.1/D1.1M, (_____) *Structural Welding Code—Steel*.
(year)

Radiographer(s) _____ Manufacturer or Contractor _____

Interpreter _____ Authorized by _____

Test date _____ Date _____

Form N-7