REPORT OF MAGNETIC-PARTICLE EXAMINATION OF WELDS

Project _____

Quality requirements—Section No._____

Reported to _____

WELD LOCATION AND IDENTIFICATION SKETCH

Quantity: _____ Total Accepted: _____ Total Rejected: _____

Date	Weld identification	Area Examined		Interpretation		Repairs		Remarks
		Entire	Specific	Accept.	Reject	Accept.	Reject	

PRE-EXAMINATION

Surface Preparation: _____

EQUIPMENT

Instrument Make: _____ Model: _____ S. No.: _____

METHOD OF INSPECTION

☐ Dry ☐ Wet ☐ Visible ☐ Fluorescent

How Media Applied: _____

☐ Residual ☐ Continuous ☐ True-Continuous

☐ AC ☐ DC ☐ Half-Wave

☐ Prods ☐ Yoke ☐ Cable Wrap ☐ Other _____

Direction for Field: ☐ Circular ☐ Longitudinal

Strength of Field:_____

(Ampere turns, field density, magnetizing force, number, and duration of force application.)

POST EXAMINATION

Demagnetizing Technique (if required): _____

Cleaning (if required): _____ Marking Method: _____

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)

Inspector _____ Manufacturer or Contractor _____

Level _____ Authorized By_____

Test Date_____ Date _____

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