

# Weld Repair Report

Report No.:

Client: _____	Subcontractor: _____
Project No.: _____	Subcontract P.O. No.: _____
Project Name: _____	Weld/repair No.:

Reference document:

1.0 Previous welder Name/No.	Date of initial weld:
2.0 Initial NDT carried out Yes <input type="checkbox"/> No <input type="checkbox"/>	Report No.:
3.0 Repair welder Name No.	Date of repair:
4.0 Company witnessed repair Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of witness:
5.0 NDT after repair Yes <input type="checkbox"/> No <input type="checkbox"/>	Report No.:
6.0 Weld accepted after repair By S/C Yes <input type="checkbox"/> No <input type="checkbox"/> By Company Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.0 Copies of NDT reports attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Report No(s).:
8.0 Other attachments: Yes <input type="checkbox"/> No <input type="checkbox"/>	Attach. No(s).:

Remarks:

Attachments, No. of pages:

Accepted for Subcontractor	Accepted for Company	Accepted for Client
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____