

# Radiograph Inspection Report

Report No.: \_\_\_\_\_

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Client:  
Project No.:  
Name of Project:

Subcontractor:  
Subcontract P.O. No.:  
Reference document:

Weld No.	Film no./ Identification No.	Welder	Sketch of Joint	Merits / Flaws							Accept		Remarks
				1	2	3	4	5	6	7	Yes	No	

Attachments, No. of pages:

<p><b>Seven requirements for an acceptable rating</b></p> <ol style="list-style-type: none"> <li>1. Proper reinforcement</li> <li>2. Complete fusion</li> <li>3. No undercutting</li> <li>4. No cracks</li> <li>5. No slag inclusions over specification</li> <li>6. No gas pockets over specification</li> <li>7. Sufficient penetration</li> </ol>	<p><b>Required film identification</b></p> <ol style="list-style-type: none"> <li>1. Welder's symbol or initials</li> <li>2. Penetrameter</li> <li>3. Film no.</li> <li>4. Film identification</li> </ol>	<p><b>Representing:</b></p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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