New Equipment Data - Radiographic Inspection Report														oort	Report No.: ————————————————————————————————————	
Client:											Subcontractor:					
Project No.:									Sub	Subcontract P.O. No.:						
Name of Project:									Equ	Equipment No.:						
Reference Doc	ument:															
Weld No.	Film No./ Identification	Welder	Sketch of Joint	Merits			/	1	Flaw		Accept		Initials	Rema	Remarks	
	No.			1	2	3	4	5	6	7	Yes	No	Date			
Seven Requirements for an Acceptable Rating											ļ.	Required Film Identification				
1. Proper reinforcement5. No slag inclusions over specification2. Complete fusion6. No gas pockets over specification																
3. No undercutting						<ul><li>6. No gas pockets over specification</li><li>7. Sufficient penetration</li></ul>							3. Film No.			
4. No cracks					·							4. Film identification Attachments, No. of pages				

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