

SAMPLE 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 _____