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Quality Control Form

Project:

Client:

Report No.:

Contractor:

Date:

Ref. Standard:

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Doc. No.:

LIQUID PENETRANT TEST

Item No.:

Total tested length:

Removal:

Type of joint:

Thickness:

Acceptance Criteria:

No.	Date	Weld Identification	Tested L (cm)	Percent	Defect								Evaluation			Final Result	
					Crack				Piping Porosity	Excessive Poro.	Slag Inclusion	Incomplete Fusion	Accept	Reject	Accept After Repair		
					Longitudinal	Transverse	Crater Crack	Star Crack									

Quality Control	TPI Inspection	Client
Name: Sign: Date	Name: Sign: Date	Name: Sign: Date: