

www.Inspection-for-Industry.com Quality Control Form	Project:	
	Client:	Report No.:
MAGNETIC PARTICLE TEST	Contractor:	Date:
	Ref. Standard:	Page 1 of 1
	Doc. No.:	

Subject:	NDT DWG NO. :
Part no./ Tag no.:	Acceptance Standard:
Material:	

SURFACE CONDITION:

<input type="checkbox"/> As Welded	<input type="checkbox"/> As Grounded	<input type="checkbox"/> As Casted
<input type="checkbox"/> As Machined	<input type="checkbox"/> As Forged	<input type="checkbox"/> As Other

Surface preparation:

<input type="checkbox"/> Grinding	<input type="checkbox"/> Machining	<input type="checkbox"/> Wire Brushing	<input type="checkbox"/> Other
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Surface temperature:

Surface Thickness:

MAGNETIC PARTICLE

TYPE:

<input type="checkbox"/> Visible (COLOR)	<input type="checkbox"/> Fluorescent
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METHOD:

<input type="checkbox"/> WET	<input type="checkbox"/> DRY
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MAGETIZING

TECHNIQUE :

<input type="checkbox"/> CONTINUOUS	<input type="checkbox"/> PROD	<input type="checkbox"/> COIL	<input type="checkbox"/> RESIDUAL
<input type="checkbox"/> YOKE	<input type="checkbox"/> OTHER		

DIRECTION :

<input type="checkbox"/> LONGITUDINAL	<input type="checkbox"/> CIRCUMFERENTIAL	<input type="checkbox"/> BOTH
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CURRENT :

<input type="checkbox"/> AC	<input type="checkbox"/> DC
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DEMAGNETIZATION TECHNIQUIE(IF REQUIRED) :

EQUIPMENT :

INSTRUMENT MAKER :

MODEL :

OUTPUT :

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