www.Inspection-for-Industry.com Quality Control Form	**Project:**
ULTRASONIC EXAMINATION	**Client:** / **Report No.:** **Contractor:** / **Date:** **Ref. Standard:** / **Page** 1 **of** 1 **Doc. No.:**

Location / Area: **Drawing No.:** **Material:**

Welding Process :

☐ SMAW ☐ GTAW ☐ GMAW

☐ FCAW ☐ SAW ☐ Other

Weld Type :

☐ Butt Joint ☐ T Joint ☐ Corner Joint

☐ Longitudinal Weld ☐ Girth Weld ☐ Other

Surface Condition :

☐ As Weld ☐ As Forge ☐ As Cast

☐ As Machine ☐ As Ground ☐ Other

Groove Type :

☐ V ☐ U ☐ X

☐ K ☐ Other

Equipment :

Manufacturer :

Model :

I.D No. :

Calibration : ☐Valid ☐Not Valid

Search Unit :

Manufacturer :

Model :

Frequency : MHz/Size :

Test Blocks :

☐ Calibration Blocks :

☐ Basic Material :

Couplant :

☐ Oil ☐ Grease ☐ Glycerin

☐ SCA ☐ Water ☐ Other

Equipment Function :

Screen Height Linearity : ± %FSH / **Amplitude Control Linearity :** ± %FSH

Examination Method : ☐ Pulse-Echo ☐ Straight Beam ☐ Angle Beam ☐ Contact ☐ immersion ☐ Through Transmission

Degree :

Standard Sensivity : **Size :**

% From ☐ SDH ☐ FBH ☐ NOTCH ☐ B/REF. ☐ Other

Examination Sketch (if Required):

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