

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

Location / Area:	Drawing No.:	Material:
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No.	Identification No.	Weld No.	Size	Percent	Interpretation	Result			
						Before Rep.		After Rep.	
						Acc.	Rej.	Acc.	Rej.
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									

Abbreviation: ACC: Accept, REP: Repair, CO: Cut Out		
Quality Control	TPI Inspection	Client
Name: Sign: Date	Name: Sign: Date	Name: Sign: Date