

Pressure Vessel Welding Inspection Report

General Information

Project Name		Report No.	
Location		Date	
Pressure Vessel No.		Drawing No.	
Inspector Name		Supervisor Name	

Welding Detail

Joint No.	Weld Type	Process	Welder ID	Material	Diameter/Thickness	Position

Visual Inspection

Inspection Item	Status/Remarks
Root Pass	
Fill & Cap	
Surface Condition	
Weld Profile	
Undercut/Overlap	
Porosity/Cracks	

Non-Destructive Testing (NDT)

Type	Result	Reference No.	Remarks
Radiography			
Ultrasonic			
Magnetic Particle			
Dye Penetrant			
Others			

Remarks

Inspector Signature

Date

Supervisor Signature

Date
