

# Radiographic (RT) Weld Test Report

Report Number

Date

Project Name

Project No

Location

Client

Specification

Procedure No

## Weld Details

Joint No	Line No	Size (mm)	Thickness (mm)	Material	Weld Process	Welder ID	Acceptance Criteria

## Radiography Details

Film Type

Source Type

Source Size (mm)

Source Strength/Activity

Exposure Time (min)

F.F.D (mm)

Film Density

IQI Type / Size

Number of Films

Screen Used

**Results**

Joint No	Defects Observed	Location	Length (mm)	Accepted / Rejected	Remarks

**Remarks**

**Signatures**

Tested By

Date

Reviewed By

Date

Client/Inspector

Date