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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project: | | Location: | | | | | | | | | Bldg.: | | | Room: | | Date: | | | | |
| Code or Specification: | | Cost Center: | | | | Program Code: | | | | | | | Cost Account: | | Work Package: | | | Work Order # | | |
| Product Description: | | | | | | | | Procedure & Rev: | | | | | | | Material: | | | | | |
| Identification/Location | Length/ Diameter | | Surface | Subsurface | Linear | | Round | | Accept | Reject | | Comments | | | Plate | |  | Pipe | |  |
| Lifting Device | |  | Weldment | |  |
| Hardware | |  | Other | |  |
|  |  | |  |  |  | |  | |  |  | |  | | | **Magnetic Current**  AC  DC | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | **Mag Source**   Yoke  Bench  Coil | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | **Particle Type**  Wet  Dry | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | **Yoke** | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | Model/Serial # | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | Calibration Date | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | Test Block SN | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | **Bench** | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | **Suspension**  Water  Petroleum | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | Concentration- Date- | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | Manufacturer | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | Model/Serial # | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | Volts | | | Cycle | | |
|  |  | |  |  |  | |  | |  |  | |  | | | Phase | | | Amp/Line | | |
| Amps | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | Coil  Diameter: | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | Central Bar  Head Shot | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | **Lighting** | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | UV Intensity: | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | UV Meter S/N: | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | White Light Intensity: | | | | | |
|  |  | |  |  |  | |  | |  |  | |  | | | White Light Meter S/N: | | | | | |
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| Notes: | | | | | | | | | | | | | | |  | | | |  | |
| **Inspector’s Signature** | | | | **Level** | |
| *This inspection was performed in accordance with the above named procedure/specification.* | | | | | |