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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project: | | Location: | | | | | | | Bldg.: | | | | | Room: | | Date: | | | | |
| Code or Specification: | | Cost Center: | | | | Program Code: | | | | | | | Cost Account: | | Work Package: | | | Work Order # | | |
| Product Nomenclature: | | | | | | | | NDE procedure rev: | | | | | | | Type of Material: | | | | | |
| ID/Location | Length/ Diameter | | Surface | Subsurface | Linear | | Round | | | Accept | Reject | Comments | | | Plate | |  | Pipe | |  |
| Lifting Device | |  | Weldment | |  |
| Hardware | |  | Other | |  |
|  |  | |  |  |  | |  | | |  |  |  | | | **Penetrant Type:** | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | | Type I - Fluorescent Dye | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | | Type II - Visible Dye | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | | **Penetrant Examination Method:** | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | | Method A - Water Washable | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | | Method C - Solvent Removable | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | |  | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | |  | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | | **Developer Type:** | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | | Aqueous  Non-Aqueous | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | | Dwell Time: | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | | **Lighting** | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | | White Light Intensity: | | |  | | |
|  |  | |  |  |  | |  | | |  |  |  | | |  | | | | | |
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|  |  | |  |  |  | |  | | |  |  |  | | | **Penetrant Mat’l/Batch # / Exp. Date:** | | | | | |
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|  |  | |  |  |  | |  | | |  |  |  | | | **Cleaner Mat’l/Batch # / Exp. Date:** | | | | | |
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|  |  | |  |  |  | |  | | |  |  |  | | | **Developer Mat’l/Batch # / Exp. Date:** | | | | | |
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|  |  | |  |  |  | |  | | |  |  |  | | |
|  |  | |  |  |  | |  | | |  |  |  | | | **Light Meter:** | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | | Cal due: | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | | **Thermometer:** | | | | | |
|  |  | |  |  |  | |  | | |  |  |  | | | Cal due: | | | | | |
| Notes: | | | | | | | | | | | | | | |  | | | |  | |
| **Inspector’s Signature** | | | | **Level** | |
| This inspection was performed in accordance with the above-named procedure/specification. | | | | | |