|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 [x]  |
|  |  |  |  |  |  |  |  |  | **Penetrant Examination Method:** |
|  |  |  |  |  |  |  |  |  | Method A - Water Washable [ ]  |
|  |  |  |  |  |  |  |  |  | Method C - Solvent Removable [x]  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **Developer Type:** |
|  |  |  |  |  |  |  |  |  | [ ]  Aqueous [ ]  Non-Aqueous |
|  |  |  |  |  |  |  |  |  | Dwell Time: |
|  |  |  |  |  |  |  |  |  | **Lighting** |
|  |  |  |  |  |  |  |  |  | White Light Intensity: |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **Penetrant Mat’l/Batch # / Exp. Date:** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **Cleaner Mat’l/Batch # / Exp. Date:** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **Developer Mat’l/Batch # / Exp. Date:** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **Light Meter:** |
|  |  |  |  |  |  |  |  |  | Cal due: |
|  |  |  |  |  |  |  |  |  | **Thermometer:** |
|  |  |  |  |  |  |  |  |  | Cal due: |
| Notes:  |  |  |
|  | **Inspector’s Signature** | **Level** |
|  | This inspection was performed in accordance with the above-named procedure/specification. |