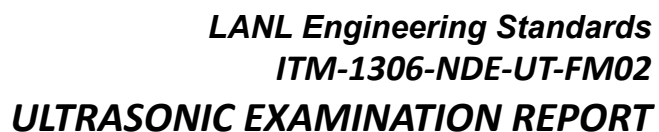




LANL Engineering Standards
ITM-1306-NDE-UT-FM02
ULTRASONIC EXAMINATION REPORT

Page ____ of ____

Project:					Date:			
Procedure & Rev:					Code/Specification:			
Charge Code:					Work Order:			
Component/System Description:					Material:			
Location/Facility:								
Instrument:				Probe Mfg/SN/Dim/Freq:				
Couplant:				Calibration Block ID/Description:				
Ref. Level: %		Ref. Gain: dB						
Examination layout/description:								
Supplementary Requirements/Comments/Notes:								
Ind. ID	Location	Depth	Length	Peak Ampl.	Acc	Rej	Remarks	
Examiner:			Level:		Signature/Date:			



Examiner:	Level:	Signature/Date:
Level III: (if req'd)		Signature/Date:

Date:

[illegible]