ULTRASONIC EXAMINATION REPORT

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:

ULTRASONIC EXAMINATION REPORT

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

Project:

Date:

Ind. ID	Location	Depth	Length	Peak Ampl.	Acc	Rej	Remarks