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|--------------------------------------|--|--|--|-------|
| | | Magnetic particle test Test report No.: | | Date: |
| Client: | | examining body: | | |
| Project name: | | Entrance of the sample: | | |
| Order No.: | | Order No.: | | |
| Name of the editor: | | Name of the editor: | | |
| Sujet of analysis | | | | |
| Objective of the analysis | | | | |
| Specification : | | Material: | | |
| Examination class: | | Measurements: | | |
| Scope of testing: | | Heat treatment: | | |
| Evaluation acc. to: | | Welding process/es: | | |
| deviations from the test instruction | | Edge form: | | |
| | | welding position: | | |
| Der This report consists of umfasst | | Number of copies | | |

Tip:

This report exclusively refers to the a/m subjects of analysis and the written information received from the orderer.
The report is not allowed to be duplicated -not even in extracts- without a written consent of examining body.

| Procedure | | | | | |
|--------------------------|-------------|------------------|--------------------|--|--|
| Penetration system | Designation | Charge-No. | Producer | Density of light measuring instrument / Lighting intensity [Lx] | |
| | | | | | |
| Magnetic particle susp. | | | | Density of light measuring instrument [UV]/ Lighting intensity [W/cm²] | |
| Background colour | | | | | |
| Surface status | | Precleaning | | | |
| Producing fiel | | Testing device | | | |
| Test temperature | | Magnetic current | | | |
| Field strength | | Penetration time | | | |
| Penetrant removing | | | Time of developing | | |
| Cleaning after treatment | | | Evaluation moment | | |

penetrant testing

Test report No.:

| Assessment | | | | | |
|----------------|----------------|----------------|---------|--------------|-------------------|
| Tested section | Kind of defect | Size of defect | Remarks | Assessment | |
| | | | | Approved (a) | not Approved (na) |
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| sketch: Measurements | Assessment | admitted(a) | |
|----------------------|------------|-----------------|--|
| | | not accept (na) | |
| | Remarks | | |
| | | | |

Place: _____

Date: _____

Examiner: _____

Place: _____

Date: _____

Supervising: _____