

|                                      |  |                                            |  |       |
|--------------------------------------|--|--------------------------------------------|--|-------|
|                                      |  | Magnetic particle test<br>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  |                                                                        |  |

Test report No.:

|                      |            |                 |  |
|----------------------|------------|-----------------|--|
| sketch: Measurements | Assessment | admitted(a)     |  |
|                      |            | not accept (na) |  |
|                      | Remarks    |                 |  |
|                      |            |                 |  |

Place:

Date: \_\_\_\_\_

Examiner:

Place:

Date: \_\_\_\_\_

Supervising: