

| | | |
|--------------------------------------|-------------------------|-------|
| Magnetic particle test | | Date: |
| Test report No.: | | |
| 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/cm ²] |
| Background colour | | | | |
| Surface status | | Precogning | | |
| 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: _____

Place: _____

Date: _____

Date: _____

Examiner: _____

Supervising: _____