

# INSPECTION REPORT

**Injector Head 6100**

Tool Serial No.: Arms

CUSTOMER: <b>Crile</b>	INVOICE NO.: <b>269</b>	INSPECTORS SIGNATURE: <b>Martin Sutherlin</b>
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LOCATION: <b>Washington, PA</b>	CONTRACTOR: <b>NA</b>	RIG: <b>NA</b>	DATE: <b>9/27/2018</b>
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MAGNETIC PARTICLE (MT)		PENETRANT TESTING (PT)	
WET: _____ DRY: _____ CONTINUOUS: <u>X</u>	PENETRANT MANUFACTURER:		
A/C: <u>X</u> D/C: _____ RESIDUAL: _____	PENETRANT TYPE/BATCH #:		
AMP TURNS: _____ CIRCULAR AMPS: _____	DEVELOPER MANUFACTURER:		
YOKE: <u>X</u> DEMAGNETIZED: _____	DEVELOPER TYPE/BATCH#:		
U.V. LAMP INTENSITY: _____ Uw/cm <sup>2</sup>	DWELL TIME: _____ MIN.	DEVELOPING TIME: _____ MIN.	
BATH STRENGTH: _____ % per 100 ml TUBE	WHITE LIGHT INTENSITY: 50	FOOT CANDLES	
OTHER:			

Inspected Areas	Inspection					Surface Indication			Disposition		
	VT	DI	MT	PT	UT	None	Allowable	Not-Acceptable Minor - Major	Use	Repair	Replace
1. All welds and padeyes	X		X			X			X		
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

Comments: No defects found

Inspector: Martin Sutherlin

Note:

- VT - Visual Testing; DI - Dimensional Inspection, MT - Magnetic Particple Testing; PT - Liquid Penetrant Testing; UT -Ultrasonic Testing.
- All equipment should be disassembled and properly cleaned prior to inspection. Use the drawing below as reference for required inspections. Mark on the drawing the location of any and all indications present. Notations may be made on the drawing as necessary.

