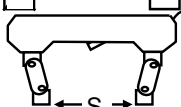
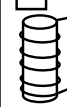


VT examination date	Technician	Certificate No.	Examination organization / Inspection authority Non Destructive Testing Professionals, LLC			
MT examination date	Technician	Certificate No.	Client			
Contractor		Title		Location		
Test Part Description			Test Part ID. No.	Drawing no. / Rev. No. / P.O.#		
Visual Examination						
Examination procedure			Acceptance criteria			
Aids	Ruler	ID #	Flash Light	ID#	Caliper Gauge	ID#
	Tape Measure	ID #	UV Light	ID#	Feeler Gauge	ID#
	Caliper Gauge	ID#	Natural Light	ID#	Weld Gauge	ID#
Extent of Examination:		10%	25%	50%	100%	Aerosol Cleaner:
Remarks:						
<input type="checkbox"/> VT acceptable <input type="checkbox"/> VT not performed		Page 1 of 1		Initials		Date:
<input type="checkbox"/> VT not acceptable		Extent of Examination		1 of 1		
Magnetic Particle Examination						
Examination procedure				Acceptance criteria		
Surface conditions <input type="checkbox"/> Ground <input type="checkbox"/> Smooth <input type="checkbox"/> General <input type="checkbox"/> AC Yoke <input type="checkbox"/> DC Yoke				Reinforcement <input type="checkbox"/> As welded <input type="checkbox"/> Ground		
 Type: S max. = 150		<input type="checkbox"/> Primer <input type="checkbox"/> Coil magnetizing  Current <input type="checkbox"/> AC <input type="checkbox"/> DC		Number of turns = Longit. Amp. Circular Amp. x turns		<input type="checkbox"/> Test bench <input type="checkbox"/> Ground
Reg. No.:		Reg. No.:		Reg. No.:		Reg. No.:
<input type="checkbox"/> Water/black <input type="checkbox"/> Water/fluorescent		<input type="checkbox"/> Kerosine/black <input type="checkbox"/> Kerosine/fluorescent		<input type="checkbox"/> Dry/gray <input type="checkbox"/> Dry/red		Background <input type="checkbox"/> White <input type="checkbox"/> Ground <input type="checkbox"/> Non-treated
<input type="checkbox"/> Field Strength Checked		<input type="checkbox"/> Dead Weight Test <input type="checkbox"/> Castrol Strip		Lightning <input type="checkbox"/> White <input type="checkbox"/> UV-lamp No.		
Magnetized for						
<input type="checkbox"/> Longitudinal indications		<input type="checkbox"/> Transverse indications		<input type="checkbox"/> Indications in any direction		
<div style="border-left: 1px solid black; padding-left: 20px;"> Inspection Remarks </div>						
<input type="checkbox"/> MT acceptable <input type="checkbox"/> MT not performed		Page 1 of 1		Technician Signature		
<input type="checkbox"/> MT not acceptable		1 of 1				