**Preferred date for inspection**: Click here to enter a date. **Preferred time for inspection:** Hours. Mins. am/pm.

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| Client:       | Project:       |
| Order Number:      | Client Job Number:       |
| Request Number:       | Material Type: Choose an item.       |
| Welding Technique: Choose an item.       | Construction Code:       |
| Specific Client requirements:       | PWHT parameters: |
| Notes:       | Uncontrolled to:      Rate up p/hour:      Soak temp:       +/-      Soak time:      Rate down p/hour:      Uncontrolled below:       |
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| **Identification** | **Weld No.** | **Welder** | **Size** | **Sched.** | **Discipline** | **Specific** | **Coverage** |
|       |       |       |       |       | Discipline | Specific | Coverage |
|       |       |       |       |       | Discipline | Specific | Coverage |
|       |       |       |       |       | Discipline | Specific | Coverage |
|       |       |       |       |       | Discipline | Specific | Coverage |
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|       |       |       |       |       | Discipline | Specific | Coverage |
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|       |       |       |       |       | Discipline | Specific | Coverage |

Page 1

Key:

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| **RT – Radiographic Testing** | **UT – Ultrasonic Testing** |
| **PT – Penetrant Testing** | **MT – Magnetic Particle Testing** |
| **HT – Heat Treatment** |  |