**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** |
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Page 1

Key:

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