

ULTRASONIC NONDESTRUCTIVE TEST (NDT) REPORT

School District: _____ Attn: _____ Report Date: _____

School District Address: _____ CA Zip: _____

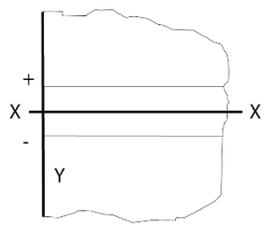
Lab Facility/LEA #: _____ Exp. Date: _____ Lab Doc #: _____ Lab Job #: _____

School/Project Name: _____ DSA APPL. #: _____ DSA FILE #: _____

Structure: _____ Location in Structure: _____ Material Thickness: _____ Technician: _____

Weld I.D.: _____ Weld Joint AWS: _____ Welding Process: _____ Quality Requirements-Section #: _____

Test Date	Identification Number	Transducer Angle	From Face	Leg ¹	Decibels				Length	Discontinuity			Discontinuity Evaluation	*Remarks	
					Indication Level	Reference Level	Attenuation Factor	Indication Rating		Angular Distance (sound path)	Depth from "A" Surface	Distance			
												From X			From Y
a	b	c	d												



Note: This form is applicable to Section 2, Parts B or C (Statically and Cyclically Loaded Nontubular Structures) of ASW D1.1. Do **NOT** use this form for Tubular Structures (Section 2, Part D). I, the undersigned, certify that the statements in this record are correct and that the welds were prepared and tested in conformance with the requirements of Section 6, Part F of AWS D1.1/D1.1M, (enter the year): _____ Structural Welding Code – Steel

*ADDITIONAL COMMENTS (Form DSA 211) ATTACHED.

THE MATERIAL WAS WAS NOT SAMPLED AND TESTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE DSA-APPROVED DOCUMENTS.

THE MATERIAL TESTED MET DID NOT MEET THE REQUIREMENTS OF THE DSA-APPROVED DOCUMENTS.

See Retest #(s): _____ Report Date(s): _____ Gauge #: _____ Moisture Standard: _____ Density Standard: _____

Signature: _____ Date: _____

Print Full Name: _____ Email: _____

cc: DSA Regional Office, Project Architect, Structural Engineer, Project Inspector, Contractor