

Report #: 137922-UT-WF-01 IRISNDT Job #: 137922 Date: 23AUG09 Page 1 of 1  
 Client: CNRL PO/Job #: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Job location: BRITNELL Tel: \_\_\_\_\_  
LSD: 12-09-081-22W4 Fax: \_\_\_\_\_  
 Procedure(s): UT-1  
 Code(s): ASME SEC VIII DIV 1

Item Inspected: Teater A#0403456 Material: cs  
 Method:  Contact  Immersion  Other: \_\_\_\_\_ Surface Temp (C):  < 5°  > 5° / < 60°  > 60°  
 Type:  P/E  T/T  Dual  Automated  TOFD Scanning Surface:  OD  ID  Other: \_\_\_\_\_  
 Application:  Laminar  Shear Wave  Volumetric  Thickness Surface Condition: \_\_\_\_\_

Instrumentation: Manufacturer: Krautkramer Type: DMS 2 Instrument Ser. #: 01TWCC  
 Calibration: Date: 23Aug09 Reference Flaw Size: \_\_\_\_\_ IRISNDT #: 31098  
 Calibration Block(s): Type: Step Wedge - I IRISNDT #: 33331 Type: \_\_\_\_\_ IRISNDT #: \_\_\_\_\_  
 Type: \_\_\_\_\_ IRISNDT #: \_\_\_\_\_ Type: \_\_\_\_\_ IRISNDT #: \_\_\_\_\_  
 Couplant: Brand: UTX Type: Echo Gel Cable: Type: Dual Length: 25in

PROBE						SETTINGS - dB			RANGE - <input checked="" type="checkbox"/> INCHES <input type="checkbox"/> MM		
Manufacturer	Type	Serial #	Angle	Frequency	Size	Reference Level	Scanning Level	Transfer Value	Screen Size	Skip Value	Beam Travel
<b>Krautkramer</b>	<b>Dual</b>	<b>01TMJ6</b>	<b>0</b>	<b>5.0 MHz</b>	<b>0.312</b>	<b>58</b>	<b>+2 dB</b>		<b>1.0</b>		

**INSPECTION DETAILS**

Scope: **Perform a lamination scan on the following items prior to welding to ensure no laminar flaws are in the future weld zone:**  
**-Around the externally corroded areas on 3" XS nozzle projections N3(R1) & N4(R2) on the bottom shell after grinding to sound metal.**

Results: **No laminar flaws were noted. All areas inspected are acceptable to code.**

Assistant: _____ <input type="checkbox"/> CGSB <input type="checkbox"/> SNT UT Level: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III No. #: _____	Technician: <b>WES FARQUHAR</b> <input checked="" type="checkbox"/> CGSB <input type="checkbox"/> SNT UT Level: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III No. #: <u>10477</u>
Unit: _____ Km: _____ Travel Time: _____ Start: _____ Stop: _____ Work hrs: _____ <input type="checkbox"/> OT Meal <input type="checkbox"/> Subsistence required Total hrs: _____ Consumables: _____	Signature: _____  Client Name: _____ Signature: _____