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| Fax No. | Document No. : NT/QSC/NDT/ |
| 03-5122 8766/7 (Shah Alam) | Revision No. : 0 |
| 03-5124 8767 (Metrology) | Issued No. : |
| 03-5121 8767 (Nusatest) | Issued Date : |
| | Job No. : |
| | Report No. : |

NON DESTRUCTIVE TESTING (NDT) JOB REQUEST

From / Customer : _____ Date : _____
 Tel. No. / Fax No. : _____ Quantity of Sample Sent : _____
 Project : _____

To carry-out Non-Destructive Testing as follows :-

1. Radiography Testing(RT) : Gamma Ray X-Ray
2. Ultrasonic Test (UT) : UTFD UTM PAUT
3. Magnetic Particle Test (MT) : Visible Type Fluorescent Type
4. Dye Penetrant Test (PT) : Normal Fluorescent Type Water Soluble
5. Hardness Test (HT) : Equotip King Brinell MIC 10
6. Others : _____
7. Location of inspection : Nusatek Yard Site / Location : _____
8. Inspection date require : _____ P.I.C. / H.P. No.: _____
9. Inspection Code Apply : _____ Acceptance Standard : _____
10. Inspection date require : _____ Purchase Order No.: _____

DETAILS OF ITEMS FOR TESTING

11. Sample Description : PQR Test Coupon WQT Test Coupon Production Coupon Others
14. Sample Details :
 - a) WPS No./ PQR No. / Heat No. : _____
 - b) Material Specification : _____
 - c) Material thk. / Dia. : _____
 - d) Welding Process : _____
 - e) Weld Configuration : _____
 - f) Weld Position : _____
 - g) Welder's Particular : _____
 - h) I/C No. / Welder No. : _____
 - i) Test Code : _____
15. Witness By (if any) : _____ 16. Testing Date : _____
16. Special Instruction : _____

NOTE : Customer shall be responsible to collect the remaining test sample within 14days, otherwise it shall be disposed

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| REQUESTED BY : (Customer) Signature : _____ Name : _____ Contact No. : _____ (please cop and sign) | RECEIVED BY : (NUSATEK) Signature : _____ Name : _____ Position/Division : _____ (please cop and sign) |
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