

DAILY FIELD WELD SUMMARY REPORT

Date:_____

Project:									Location:										
Welding Organization:									Radiographic Contractor:										
(A) Welder I.D. Numbers are listed according to their position on weld (example shown to the right) which is oriented facing East and the radiographic orientation system (0 to 1) is counter-clockwise. (B) Weld Pass Code B = Bead Pass H = Hot Pass F = Filler C = Cap A = Complete Weld 2 Welder Crew 2 Welder Crew								1/3 (C) Weld Defect Codes 1/3 -2/3											
Joint Number Weld								- 1											
OR PO Number & Heat for Traceability	Weld Number OR (X-ray Number)	Pipe Size & Grade	Pipe Welding Procedure Number	Welder I.D. (see Note A)		Weld Pass (see note B)		Accepted/Rejected	Joint Geaning	Bevel Conditions	라 :	Heheat lemp	Electrodes Time Between	Passes (min.) Voltage Range	Amperage Range	Visable weld Defects (see note C)	Visable Defects Repaired	Released for Rediography	Remarks
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Total Welds Visually Inspected: Total Welds Visually Rejected: DAILY WELD SUMMARY XLS (Mar 2012 Rev1)																			