	WELD INSPECTION REPORT	Testing method : VT ☐ PT ☐ MT☐

Inspector Name:		**Ref. standard:**
Specimen Number:		**Thickness:**
Date:		**Joint Type:**

Discontinuity Type	Location (mm)	Size(mm)				Maximum Allowable	Acc.	Rej.
		Depth / Dia.	width	height	Length			

Final Result: **Accept** ☐ **Reject** ☐

Overall Comments:

Inspector’s Signature