



Welding inspection report

Form Number:NEE-FRM-013

Revision: 0

Facility Address:

Registration #:

Owner's Serial #: _____

Manufacture: _____ Serial #: _____

MFR Date: _____ Material: _____ Tank Spec: _____

Location of welds to be inspected (Provide sketch if required)

Welding Process(es): _____ WPS: _____

Welder Qualification Verified YES _____ NO _____

Table with 3 columns: ITEM, ACCEPT, REJECT. Rows include Porosity and/or Inclusions, Complete Fusion, Start and End Complete, Full Penetration, and Welder Identification.

Inspector Name (print): _____ Signature _____

Date: _____

* This report must be attached to the Test and Inspection Report for this unit.