



GC Maintenance and Engineering
Company Limited

MAGNETIC PARTICLE TEST REPORT

Customer:		Date:		Sheet:	
Location:			Job No:		
Description:			Part No/Item No:		
Thickness:			Material Type:		
Examination Method:					
<input type="checkbox"/> Fluorescent: <input type="checkbox"/> Wet			<input type="checkbox"/> Red Visible Dye: <input type="checkbox"/> Wet		
<input type="checkbox"/> Dry			<input type="checkbox"/> Dry		
Magnetizing Method:			Magnetic field direction:		
<input type="checkbox"/> Continuous Magnetization			<input type="checkbox"/> Longitudinal Magnetization		
<input type="checkbox"/> Residual Magnetization			<input type="checkbox"/> Circular Magnetization		
Specification/Code:			Procedure:		
Acceptance Criteria:			Test Temperature:		
Equipment					
Type:			Manufacturer:		
Particles:			Manufacturer:		
Current type: <input type="checkbox"/> AC <input type="checkbox"/> DC <input type="checkbox"/> Permanent			Lighting Equipment:		
Post Cleaning:			Demagnetization:		
Calibration:					
Lifting Capacity:			Magnetization field strength:		
Test Result:					
Quantity Inspected:			Quantity Accepted:		
Quantity Rejected:					
Additional Information: -					
Part No/Item No:	Weld Joint No	Tested Length (mm)	Result	Remarks	
Note: P: Porosity C: Crack CP: Clustered Porosity IP: Incomplete Penetration LF: Lack of fusion UC: Undercut S: Slag					
Inspected by			Approved by		

MAGNETIC PARTICLE TEST REPORT

Name:

Part No/Item No:

A

B