

RC-29

WELD REPAIR OF CASTINGS

This form shall be completed by seller for each casting requiring weld repair and together with the radiographs and photo(s) or sketch(s), shall accompany delivery to buyer of the completed casting. The WRL No. shall be stamped on the casting.

Attach a copy of this form to Weld Repair Log.

WRL No.

PART INFORMATION:

Part Number
Part Name
Supplier Name
Supplier Assigned S/N
(if applicable)
Material
PO Number

WELD REPAIR SPEC:
Preweld H.T. Condition
Postweld H.T. Condition
Electrode.Filler Mat'l
Lot Number
Supplier
Welder Name/Stamp
Original X-Ray No.

Record method used to verify defect removal.

Visual // Record size of areas to be welded
Pent // Record size of areas to be welded
X-Ray // Record size of areas to be welded

Radiographic Record of weld repair

Film No. ident and view no's - Defective area(s)
Film No. ident and view no's - Ground out area(s)
Film No. ident and view no's - Welded area(s)

Sketch or photo of casting showing location of defect and method used to detect defects. Note: completed Weld Repair Logs must be presented to buyers Radiographic Source Inspector when x-ray film is submitted for acceptance.

Supplier Q.A. Approval