

COMPANY INFORMATION

Company name

Address

Contact Person

E-Mail

Telephone, Fax No

GENERAL INFORMATION

Starting date

Approximate Completion Date

Place of Work

Approximate Amount of Work

Visiting Period

 Continuous team Periodic visits Visits on request

Test Standard

Evaluation Standard

Quality Level

Test Scope / Rate

Material Quality

Diameter

Thickness

Welding Mouth

Manufacturing Method

 Welding Casting Forged steel Plate Pipe Heat Treated

INSPECTION SERVICES

- Visual Test (VT)
- Magnetic Particle Test (MT)
- Liquid Penetrant Test (PT)
- Radiographic Test (RT)
- Ultrasonic Muayene (UT)
- Others (EG: Like ultrasonic thickness measurement) :
- Surveillance
- Periodic Control
- Hydrostatic Test

Specification, technical drawing, number of equipment in the company, brand etc. to define the inspection activity you have requested. We kindly ask you to send additional information as attachment to this form.

NAME SURNAME-DATE-
SIGNATURE



INSPECTION REQUEST FORM

This section will be filled by AKIN NDT.

Is the requested service within the scope of accreditation?		Yes		No
Does Akin NDT have enough personnel to perform the requested service?		Yes		No
Does Akin NDT have enough equipment to perform the requested service?		Yes		No
Will Akin NDT be able to meet the requested service on time?		Yes		No
Is the information provided by the potential customer sufficient to submit a proposal?		Yes		No
Will Akin NDT submit an offer?		Yes		No

Descriptions:

Attachments:

Akin NDT Offer Number

This part will be filled by Akin NDT.

Services Provided	Completion Status