

# Quality Assurance Labs Inc.

NON-DESTRUCTIVE TESTING AND INSPECTION SERVICES

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## ULTRASONIC INSPECTION REPORT

CUSTOMER: SW COLE GRAY OFFICE		DATE OF INSPECTION	M	D	Y	
ATTENTION: CRAIG		REPORT No.	10	20	08	
PROJECT: MARRIOTT HOTEL		PAGE	1	OF	1	
COMPONENT INSPECTED: FOURTH FLOOR FRAMING		JOB No.	08-0726			
AREA OF INTEREST: MOMENT CONNECTIONS		P.O. No.	06-0726.2			
COMPONENT LOCATION: PORTLAND ME		<b>INSTRUMENT</b>				
CUSTOMER WORK ORDER No.: 06-0726.2	PART No.: N/A	MAKE: PANAMETRICS				
MATERIAL: CARBON STEEL	HEAT No.: N/A	MODEL: LTC				
COMPONENT SURFACE CONDITION: AS WELDED		EQUIPMENT No.: 35403				
<b>EXAMINATION DATA</b>						
Project Code/Spec AWS D1.1		MATERIAL THICKNESS: Variable				
U.T. Procedure No.		SCREEN RANGE: 10"				
U.T. Technique No.		COUPLANT: SONO-CLEAR				
RESULTS: AS NOTED	INDICATIONS: AS NOTED	<b>TRANSDUCERS</b>				
<b>REMARKS:</b> Performed Ultrasonic inspection at the Marriott Motel in Portland Maine. The following Moment connections were found acceptable to code IAW AWS D1.1 at the time of inspection.  <b>GRID LINES:</b> C-iv East T/B ACCEPTED C-4 East & West T/B ACCEPTED C-5 East & West T ACCEPTED C-6 East & West T ACCEPTED C-7 West T/B ACCEPTED  <b>RESULTS OF INSPECTION:</b> ACCEPT: ALL REMAINING WELDS UNLESS NOTED NO CRACKS, CRACKLIKE, OR RELEVANT INDICATIONS NOTED.  T/B = TOP & BOTTOM.  /// LAST ITEM///   <p style="text-align: center;"><b>FAA REPAIR STATION NUMBER RX5R187N</b>  <b>METHOD(S), PROCESS(ES), PROCEDURE(S) MERCURY FREE</b></p>		MAKE: PANAMETRICS				
		FREQ.: 2.25 MHz	ANGLE: 0°			
		SIZE: 25.4 mm (1.000 in.)				
		STYLE: SINGLE	SHAPE: ROUND			
		EQUIPMENT No.:				
		MAKE: PANAMETRICS				
		FREQ.: 2.25 MHz	ANGLE: 70°			
		SIZE: 12.7 mm (0.500 in.)				
		STYLE: SINGLE	SHAPE: SQUARE			
		EQUIPMENT No.:				
MAKE:						
FREQ.:	ANGLE:					
SIZE:						
STYLE:	SHAPE:					
EQUIPMENT No.:						
<b>REFERENCE BLOCKS</b>						
MAKE: PANAMETRICS						
TYPE: IIW						
MATERIAL: CARBON STEEL						
EQUIPMENT No.:						
SENSITIVITY: 60% FSH						
ADDITIONAL INFORMATION - SEE ATTACHED: <input type="checkbox"/> SKETCHES/ <input checked="" type="checkbox"/> SUPPLEMENTARY SHEET(S) <input type="checkbox"/> VIDEO		CERTIFICATION		DATE		
<b>SIGNATURES</b>		Inspector	ASNT	II	10   20   08	
		Supervisor				
		Authorized Inspector				
		Customer Representative				
		TRANSFER VALUE:				