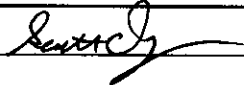


# Quality Assurance Labs Inc.

NON-DESTRUCTIVE TESTING AND INSPECTION SERVICES

80 PLEASANT AVENUE • SOUTH PORTLAND, MAINE 04106 • TEL: (207) 799-8911 • FAX: (207) 799-7251

## ULTRASONIC INSPECTION REPORT

CUSTOMER: SW COLE GRAY OFFICE		DATE OF INSPECTION	M	D	Y			
		07	31	08				
ATTENTION:		REPORT No.	QAL-08-1529					
PROJECT: MARRIOTT HOTEL		PAGE	1	OF	1			
COMPONENT INSPECTED: 5TH FLOOR FRAMING		JOB No.	06-0726					
AREA OF INTEREST: MOMMENT CONNECTIONS		P.O. No.	06-0726.2					
COMPONENT LOCATION: PORTLAND, ME		<b>INSTRUMENT</b>						
CUSTOMER WORK ORDER No: N/A	PART No.: N/A	MAKE: PANAMETRICS						
MATERIAL: CARBON STEEL	HEAT No.: N/A	MODEL: LTC						
COMPONENT SURFACE CONDITION: AS WELDED		EQUIPMENT NO.:						
<b>EXAMINATION DATA</b>		MATERIAL THICKNESS: 12.7 mm (0.500 in.)						
Project Code/Spec AWS D1.1		SCREEN RANGE: 10"						
U.T. Procedure No.		U.T. Technique No.		COUPLANT: SONO CLEAR				
RESULTS: AS NOTED	INDICATIONS: NONE	<b>TRANSDUCERS</b>						
<b>REMARKS:</b> PERFORMED ULTRASONIC INSPECTIONS ON 5TH FLOOR FRAMING MOMENT CONNECTIONS IAW AWS.D1.1.  GRID LINES: L-i SOUTH T/B K-i NORTH & SOUTH T/B J-i NORTH & SOUTH TOPS GOOD BOTTOMS REJECTED I-i NORTH & SOUTH T/B H-i NORTH T/B OK & SOUTH TOP GOOD, BOTTOM REJECT  RESULTS OF EXAMINATION: ACCEPT: NO CRACKS, CRACKLIKE, NO RELIVANT INDICATIONS NOTED AT TIME OF INSPECTION.  T/B = TOP & BOTTOM  ////LAST ITEM   <p style="text-align: center;"><b>FAA REPAIR STATION NUMBER RX5R187N</b>                  METHOD(S),PROCESS(ES),PROCEDURE(S) MERCURY FREE</p>		MAKE: PANAMETRICS		FREQ.: 2.25 MHz		ANGLE: 70°		
		SIZE: 12.7 mm (0.500 in.)		STYLE: SINGLE		SHAPE: SQUARE		
		EQUIPMENT No.:		MAKE: PANAMETRICS		FREQ.: 2.25 MHz		ANGLE: 0°
		SIZE: 25.4 mm (1.000 in.)		STYLE: SINGLE		SHAPE: ROUND		
		EQUIPMENT No.:		MAKE:		FREQ.:		ANGLE:
		SIZE:		STYLE:		SHAPE:		
		EQUIPMENT No.:		<b>REFERENCE BLOCKS</b>				
		MAKE: PANAMETRICS		TYPE: IIW				
		MATERIAL: CARBON STEEL		EQUIPMENT No.:				
		SENSITIVITY: 48db		TRANSFER VALUE:				
ADDITIONAL INFORMATION - SEE ATTACHED: <input type="checkbox"/> SKETCHES <input checked="" type="checkbox"/> SUPPLEMENTARY SHEET(S) <input type="checkbox"/> VIDEO								
<b>SIGNATURES</b>		<b>CERTIFICATION</b>		<b>DATE</b>				
		LEVEL		M D Y				
INSPECTOR S. DYER 	ASNT	II	07	31	08			
SUPERVISOR								
AUTHORIZED INSPECTOR								
CUSTOMER REPRESENTATIVE								