

N.D.T Radiation measurement form

Radioactive source S/N: _____

Pipe diameter: _____

Date: _____

Radiation Monitor type: _____

Type of test: _____

Thickness: _____

Time: _____

Distance (M): _____

Site location	Measurements in μ Sievert/hr at			Isotope strength	Exp. Time	Direction	Remarks
	Radiographer Distance	Above distance	The barrier distance				

Company Name: _____

Inspectors Name: _____

Radiographers: 1) _____

Signature: _____

2) _____

3) _____

4) _____