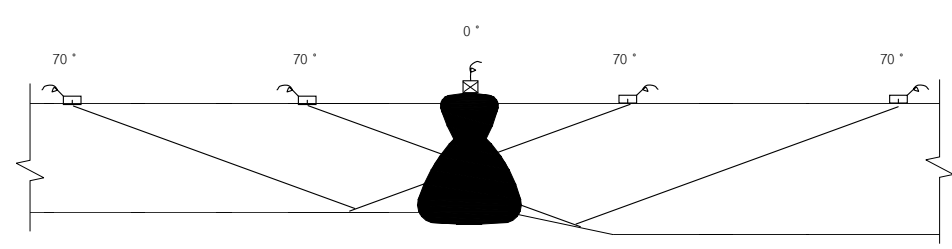


|                                                                                                                                             |  |                                                                                                                                                                                     |  |                                                                                                                                                                         |  |                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|
| <b>INDT</b><br>國際非破壞検査(株)                                                                                                                   |  | REPORT OF ULTRASONIC EXAMINATION<br>초음파탐상검사보고서                                                                                                                                      |  | Report No.<br>보고서 번호                                                                                                                                                    |  | ID-U-MS-151028-02 |  |
| 대구광역시 달서구 성서서로 15길17(월암동) / Tel : 053-586-7370 / Fax : 053-591-7371<br>17, Seongseoseo-ro 15-gil, Dalseo-gu, Daegu, 704-833 Rep. of KOREA   |  |                                                                                                   |  | Page<br>페이지                                                                                                                                                             |  | 1 OF 3            |  |
| Customer 주문주<br>㈜다음기술단                                                                                                                      |  | Project 공사명 / W/O No. 공사번호<br>국도21호선 목주교동 4개소 정밀안전진단용역<br>(원남교 하행선)                                                                                                                 |  | Dwg.No. 도면번호 / Traveller No.<br>N/A                                                                                                                                     |  |                   |  |
| Item Name 제품명<br>주판단면변화부 F.P용접부                                                                                                             |  | Material 재질 / Thickness 두께<br>SM490B / 12~26 mm                                                                                                                                     |  | Joint Config. 용접모양<br><input checked="" type="checkbox"/> Butt <input type="checkbox"/> T-JOINT / <input type="checkbox"/> FCAW <input checked="" type="checkbox"/> SAW |  |                   |  |
| Surface Condition 표면상태<br><input checked="" type="checkbox"/> As Welded <input type="checkbox"/> As Grinded <input type="checkbox"/> As M/C |  | Code & Procedure 적용규격 Rev'<br>KS B 0896 / INDT-QCP-UT-01K Rev' 0                                                                                                                    |  | Acceptance Criteria 합격기준 Rev'<br>KS B 0896 2류(L검출레벨)-인장부<br>KS B 0896 3류(L검출레벨)-압축부                                                                                     |  |                   |  |
| Testing Equip. 검사장비<br>Model : EPOCH XT S/NO : 131487609                                                                                    |  | Transducer 탐촉자 (Type,Size,S/No.)<br>4C8X9A70 8 * 9 APMC654<br>4C10N 8 * 9 NEEA86                                                                                                    |  | Cable 케이블<br><input checked="" type="checkbox"/> RG-174 <input type="checkbox"/> PKLL <input type="checkbox"/>                                                          |  |                   |  |
| Linearity 직선성<br>ACL 증폭 SHL 스크린 높이<br>Within ± 5 % within ± 3 % FSH                                                                         |  | Test Angle 시험각도 / Frequency 주파수<br><input type="checkbox"/> 45° <input type="checkbox"/> 60° <input checked="" type="checkbox"/> 70° <input checked="" type="checkbox"/> 0° / 4 Mhz |  | Calibration Angle 교정각도<br><input checked="" type="checkbox"/> 0° <input type="checkbox"/> 45° <input type="checkbox"/> 60° <input checked="" type="checkbox"/> 70°      |  |                   |  |
| Equip. Due Date 장비검교정 유효일자<br>2016.01.21                                                                                                    |  | Couplant 접촉매질<br><input checked="" type="checkbox"/> GEL <input type="checkbox"/> Oil 기름 <input type="checkbox"/> CMC                                                               |  | Calibration Block 교정블록<br><input checked="" type="checkbox"/> STB-A1 <input checked="" type="checkbox"/> RB4-No.1,2                                                     |  |                   |  |
| Test Temp. 시험온도<br><input checked="" type="checkbox"/> Ambient 상온 <input type="checkbox"/> Elev. 승온                                         |  | Method 검사방법<br><input checked="" type="checkbox"/> Contact 접촉 <input type="checkbox"/> Immerse 수침                                                                                   |  | Std. Sensity 표준 / Scan Sensity 탐상감도<br>Φ2.4, Φ3.2 SDH DAC100% / Std + 6dB<br>B2 ECHO FSH 80% / Std + 6dB                                                                |  |                   |  |
| SKETCH (PROBE SCANNING POSITION)                                                                                                            |  |                                                                                                                                                                                     |  |                                                                                                                                                                         |  |                   |  |
|                                                         |  |                                                                                                                                                                                     |  |                                                                                                                                                                         |  |                   |  |
| <input type="checkbox"/> Sketch on dot line. If necessary or <input type="checkbox"/> Attached. 필요시 점선안에 스케치 또는 첨부할 것.                      |  |                                                                                                                                                                                     |  |                                                                                                                                                                         |  |                   |  |
| Examined by<br>시 험 자 H. W. JUNG (정현욱) KMA 기능사                                                                                               |  |                                                                                                                                                                                     |  | Date of Examination 검사일자<br>2015. 10. 28                                                                                                                                |  | Maker QA Manager  |  |
| Approved by<br>승 인 자 M. S. CHOI (최만순) KMA 기사                                                                                                |  |                                                                                                                                                                                     |  | <input type="checkbox"/> Witnessed by<br><input type="checkbox"/> Reviewed by                                                                                           |  |                   |  |



# INDT

國際非破壞検査(株)

REPORT OF ULTRASONIC EXAMINATION

초음파탐상검사보고서

대구광역시 달서구 성서서로 15길17(월암동) / Tel : 053-586-7370 / Fax : 053-591-7371  
17, Seongseoseo-ro 15-gil, Dalseo-gu, Daegu, 704-833 Rep. of KOREA



Report No.  
보고서 번호

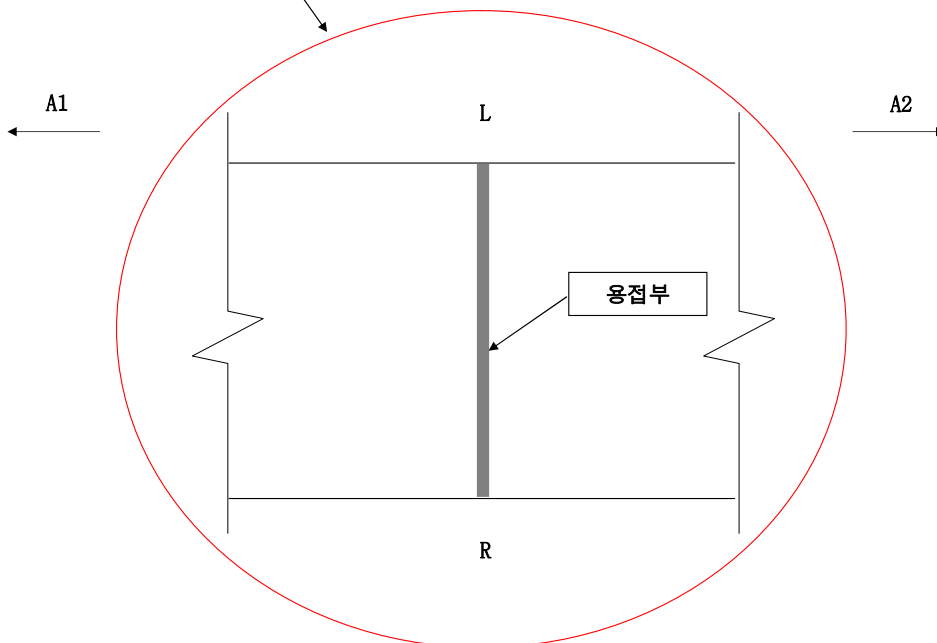
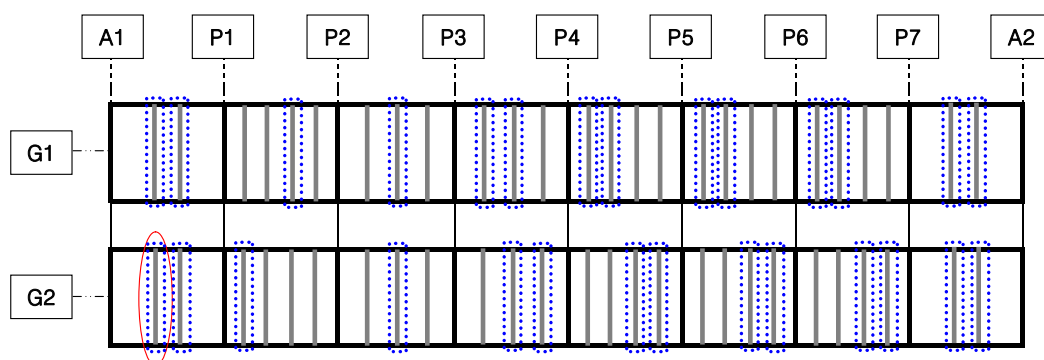
ID-U-MS-151028-02

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UT POINT MAP

 : UT CHECK POINT



NOTE

1. 주판 LOWER FRANGE UT CHECK.



# INDT

## REPORT OF MAGNETIC PARTICLE EXAMINATION

國際非破壞檢査(株)

자분탐상검사보고서

대구광역시 달서구 성서서로 15길17(월암동) / Tel : 053-586-7370 / Fax : 053-591-7371  
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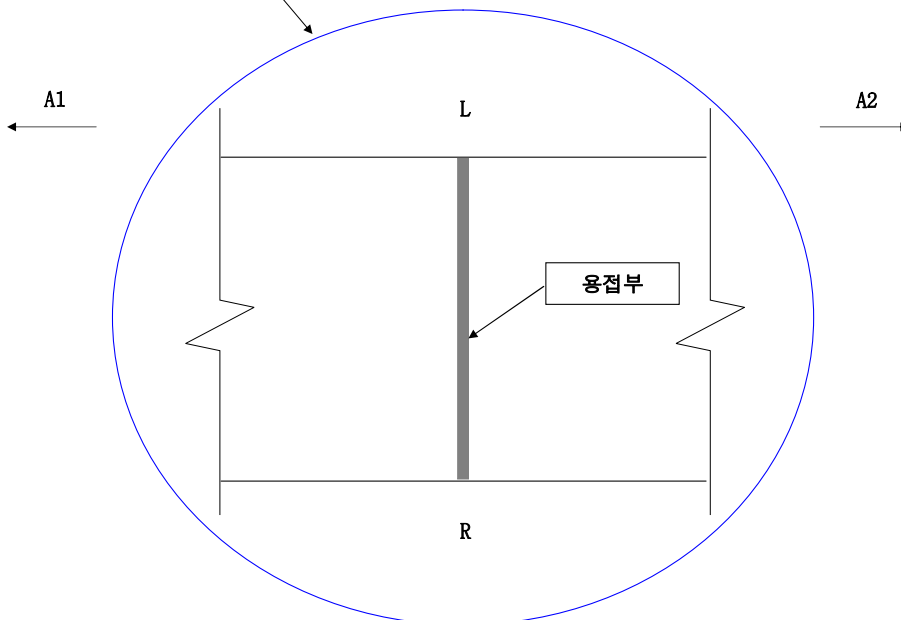
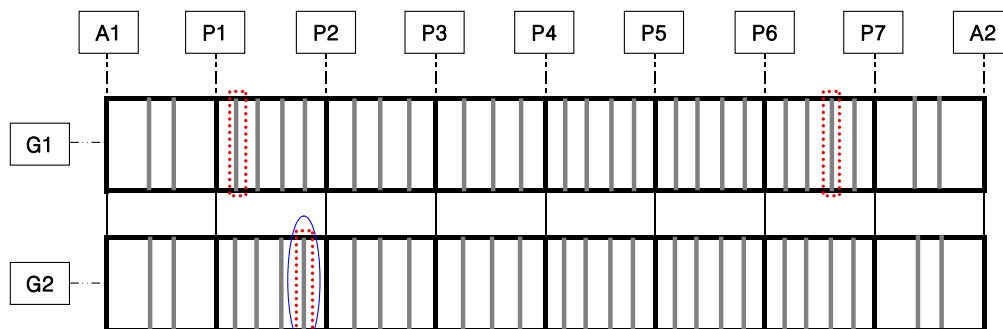
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### UT POINT MAP

   : MT CHECK POINT



### NOTE

1. 주판 LOWER FRANGE MT CHECK.