

**ULTRASONIC REFERENCE CALIBRATION BAR CERTIFICATION
AND PROCEDURE QUALIFICATION FORM**

RCB# _____

Order# _____ Heat# _____ Grade _____ NUC APP'D ____/____/____ Request # _____ Sender _____
 Customer: _____ Tolerance _____ **RD** RECT,FLT,HOL,HEX OD/W ID/T

Ship Date ____/____/____ Date to Lab #73 ____/____/____ Date Rec'd Lab #73 ____/____/____ Hard. _____

Procedure # _____	Rev. _____	T.A. _____	Rev. _____	Art Defects. _____
Procedure # _____	Rev. _____	T.A. _____	Rev. _____	Art Defects. _____
Procedure # _____	Rev. _____	T.A. _____	Rev. _____	Art Defects. _____
Procedure # _____	Rev. _____	T.A. _____	Rev. _____	Art Defects. _____
Procedure # _____	Rev. _____	T.A. _____	Rev. _____	Art Defects. _____

Dia./section _____ Length _____ Surface _____ Ra _____

Artificial Defects:

FBH

Notch

Dia. Go	Dia. No-Go	TMD

Style	Shape	Orientation	Length	Width	Depth

Locations as specified on drawing: _____ Yes
 Acceptable: FBH's: Notches: Surface:
 Comments: _____

Measurements Certified by: _____ Date: _____
 Ultrasonic Verification: _____ Instrument: _____ Pulsar/Receiver: _____ Internal _____
 (Other): _____ (Other): _____

Type Test								
Search Unit Mfg.								
Diameter & Type								
P/N								
S/N								
Frequency								
Design Focus								
Procedure Set-up								
Offset or Angle Calc.								
Offset or Angle Act.								
Sensitivity Req'd.								
S/N Ratio								
DAC/DEC/TCG								
Zone/Node								

Comments: _____
 As a result of this evaluation, the above Procedure is qualified and the subject Reference Calibration Bar is certified for use with that procedure and is free from material discontinuities that would be detrimental to its use.

RCB CERTIFIED BY: _____ **DATE:** _____
PROCEDURE QUALIFIED BY: _____ **DATE:** _____
GOVERNMENT INSPECTOR: _____ **DATE:** _____