

**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: _____