

VACUUM BOX TEST RECORD

CONTRACT/JOB #:		DRAWING No.:			
ASSEMBLY:		PIECE MARK:			
TYPE OF MATERIAL:		MATERIAL THICKNESS:			
VACUUM GAGE:		GAGE RANGE:			
VACUUM PRESSURE	:	TIME VACUUM:			
LIGHT @ POINT OF I	NSPECTION:	LIGHT GAGE:			
TEMPERATURE:		BEFORE / AFTER PWHT:			
LEAK DETECTION SO	OLUTION:				
WELD NUMBER	WELD LOCATION	ACCEPT	REJECT	REMARKS	
COMMENTS:		•			
INSPECTION OPERATOR				DATE:	
THIRD PARTY INSPECTOR				DATE:	
OWNERS REPRESE	NTATIVE			DATE:	
CODE INSPECTOR				DATE:	