



Magnetic Particle Testing Equipment Checklist

Company Information:

Company Name: _____ Ship to Address: _____
Address: _____ City / State / Zip _____
Contact Name and Title: _____
E-mail Address: _____
Phone Number: _____ Fax Number: _____
Industry Association: _____ Country of Installation: _____
Expected purchasing date: _____ Expected delivery date: _____ Budget: _____
Additional comments: _____

Process Information:

Part description: _____
Smallest part dimensions: (Length) _____ (Width / Dia.) _____ (Depth) _____ (Weight) _____
Largest part dimensions: (Length) _____ (Width / Dia.) _____ Depth) _____ (Weight) _____
Maximum part weight: _____
Bath to be used: oil water
Current inspection process: (If any?) Internal: _____ Outsourced: _____
Internal Inspection Process: Please attach current procedure. _____
If outsourced, attach evaluation sheet or procedure used on part to evaluate unit for acceptance at time of purchase: _____
Process just prior to inspection: (machining, heat treat, forge ...) _____
Type of indication expected to be discovered: _____
Expected run rate: (Parts per hour or seconds per part) _____
Type of current output required: (Check all that apply) AC HWDC 1 Phase FWDC 3 Phase FWDC
Specifications to meet: ASTM E1444, ASTM E709, (Other) _____
Additional comments: _____

Facility Information:

Current utilities available: (Voltage) _____ (Amperage) _____ (Phases) _____ (Air) psi _____
Available floor space and overhead restrictions: _____
Additional comments: _____

Equipment Description: _____



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Preferred Input Voltage _____ Maximum current output expected: Amps _____

Options Available:

Coil Size 12"	Coil Size 25"	Auto Bath	Demag	Safety light curtains
Coil Size 16"	Coil 19-5" Clam Shell	Coil Size 36"	Dual Palms	Rotating Contacts
Coil Size 20"	Coil Size 30"	Aux. Output	CSA	Inspection Enclosure

Low End Current Control External Adjustable Timer Reinforced Rail (4000 lb. load) MOD AC (D Series Only)

What this equipment will be used for?

Addition capacity at Facility Replace current equipment – Manufacturer _____ Model _____ Serial# _____ AC

HWDC 1 Phase FWDC 3 Phase FWDC Amps _____

Accessories / Materials:

Machine Accessories:

Hand held Black Lights	Central Conductors	Heavy Duty Pads	Steady Rests
Overhead Black Lights	Contact Block	Small Parts Adapter	Braided Pads
Separate Demag Unit			

Other: _____

Process Accessories:

Amp Test Meter	Ketos Ring	Prods	Quick Break Ind.	UV Meter
Centrifuge Tubes	Pie Gauge	QQIs	UV Glasses	White Light Meter

Cables: (specify length and connectors) _____ Field Indicator: (Gauss) _____

Other: _____

Materials:

Carrier (Gal.) _____ Additives (specify) _____

Additional comments: _____

Delivery Information:

Magnaflux preferred carrier Other carrier (specify) _____

Acceptance Testing At Magnaflux facility At purchaser's location (details) _____

Magnetic Particle Testing Equipment Checklist

On site orientation training

Additional Instructions:

(Please Attach Drawing or Sketch)

Submitted By _____ Date (D/M/YYYY) _____