CWB Form 352E/2009-1

Company Code

RECORD OF TEST EQUIPMENT

Company Name: _____

Address: _____

The type of testing equipment to be used by this Welding Inspection Centre is identified in the columns below.

Equipment	Manufacturer	Model	I/D No.	Remarks

Reported By: _____

AUTHORIZED SIGNATURE _____

DATE	
	MM / DD / YYYY

PLEASE MAIL OR FAX TO THE CWB AND RETAIN A COPY FOR YOUR FILE