

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) _____



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On site orientation training

Additional Instructions:

(Please Attach Drawing or Sketch)

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