



# BOTTOM HOLE ASSURANCE, INC.

No. DIR 51622SB3

Blacklight, Ultrasonic Wall Thickness,  
& Liquid Penetrant Inspection

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CUSTOMER **SBES**  3RD PARTY

FACILITY / LOCATION **SHOP**

AUTHORIZED BY **RYAN**

INVOICE NO. \_\_\_\_\_

RIG \_\_\_\_\_

PROJECT \_\_\_\_\_

P.O. / JOB # **W/O# 323783290**

DATE: **5/16/2022**

OCS-G & WELL \_\_\_\_\_

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN										BOX							Remarks								
								Connection Size	Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Rel. Width	Pin Neck Lgth	Bevel Diameter	BSR	OK or Reject	Remarks	Connection Size	Counter Bore Length	Counter Bore Diameter	Bore Back Dia. Float Bore Dia.	Bore Back Lgth	Float Bore Lgth		Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	BSR	OK or Reject	Remarks		
SN 224161 P/N 120144506	8" PM SUB	7.37			N/A		8"														6 5/8 REG	11/16	6 1/16							7 19/32			OK
MR 52224																																	

Remarks: INSP AS PER D00685901 REV. T ALL CONNECTIONS MARKED WITH CW STAMP UNLESS NOTED OTHERWISE

Customer Rep Signoff: \_\_\_\_\_

<b>Batch # Info.</b>	<b>Connection Inspection</b>				<b>Body Inspection</b>				<b>Body Dry M.P.I.</b>				<b>Blacklight Inspection</b>				<b>Liquid Penetrant Inspection</b>			
20-B _____	Wet Flour. M.P.I. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____				Magnaflux Developer: SKD-S2 Batch # 21A02U					
Dry Powder _____	Vis. Liq. Pen. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/>	Vis. Liq. Pen. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	<b>Equipment / Inspector Information</b>				Dwell Time: 15 min					
7-HF _____	Flour Liq. Pen. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Equipment Used From Unit # 25				White Light: 190 FC					
White Contrast _____	Long. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	System Effectiveness: LP-Comparative Block <input checked="" type="checkbox"/>	Dry MP-Castrol Strip <input type="checkbox"/>	Wet MP-Castrol Strip <input type="checkbox"/>	Profile Gage RSC OK <input checked="" type="checkbox"/>	Qual. Date(s) MT _____ PT 1/27/2020				Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D					
14-A _____	Trans. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	DC Current <input type="checkbox"/>	3rd Party Rep _____				Level II Inspector: Tanner Blanchard				Batch # 19L05K Dwell Time: 30 min						
<b>Job Information</b>																				
B _____ V _____ TB _____ D _____ TB _____ P _____ TB _____				Signature: _____				Signature: _____				Signature guarantees final walk thru of job and job site								