



WELDER and WELDING OPERATOR PERFORMANCE QUALIFICATION RECORD

Welder's Name:	ATF No:	Test No.
Welder's SS No. XXX-XX-	Date:	Reference WPS No:

VARIABLE	QUALIFICATION TEST DETAIL	QUALIFICATION RANGE*
Code or Specification Used:		
Welding Process and Type:	<input type="checkbox"/> Manual <input type="checkbox"/> Semiautomatic <input type="checkbox"/> Mechanized <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Semiautomatic <input type="checkbox"/> Mechanized <input type="checkbox"/> Automatic
Backing:	<input type="checkbox"/> Used <input type="checkbox"/> Not Used	Required if used
Base Metal Spec/P or M-Number		
Plate/Pipe Thickness – Groove	Plate <input type="checkbox"/> Pipe <input type="checkbox"/> Thick.	
Plate/Pipe Thickness – Fillet	Plate <input type="checkbox"/> Pipe <input type="checkbox"/> Thick.	
Pipe/Tubular Outside Diameter – Groove		
Pipe/Tubular Outside Diameter – Fillet		
Filler Metal Specification No.		
Classification No.		
F No.		
Diameter		
Consumable Insert	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Penetration Enhancing Flux	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deposited Weld Metal Thickness		
Current/Polarity & Current Range	Type/Polarity: Range: Amperes	
Metal Transfer Mode (GMAW or FCAW)		
Torch Shielding Gas	Type: Flow:	
Root Shielding Gas	<input type="checkbox"/> NA Type: Flow:	
Position(s)	Test Position(s) (1G, 2G, etc.):	Qualified Position(s) (F, H, V, O, or All)
Vertical Progression	<input type="checkbox"/> Uphill <input type="checkbox"/> Downhill	<input type="checkbox"/> Uphill <input type="checkbox"/> Downhill

* NOTE: Insert NA for Variables that are identified as Non-essential in the Code or Specification used for the Performance Qualification Test

MECHANICAL TEST RESULTS			
Type And Figure No.	Results	Type And Figure No.	Results
Guided mechanical Testing Conducted By:		Date:	
NONDESTRUCTIVE EXAMINATION RESULTS			
Radiographic Results:		Report No.	
Radiographic Testing Conducted By:			
Welding Witnessed By:		Visual Inspection: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (reason)	
We certify that the statements in this record are correct and the test welds were prepared, welded and tested in accordance with the requirements of: AWS D1.1- , AWS B2.1- Other:			
Date Qualified:		ATF Name and Number:	
		Signed By:	
		CWI No.	