

PROCEDURE QUALIFICATION RECORD

PQR NUMBER _____ (Include PQR Number on All Supporting Documents)

Welder's Name _____ ID _____ Welding Test Date _____
 Process _____ Position _____ Joint Detail: Fig. 5.1 Fig. 5.2
 Electrode(s) Mfg. Designation _____ Fig. 5.3 Fig. 5.8
 AWS Electrode Classification _____ Electrical Stick Out _____
 Flux Mfg. Designation _____ AWS Flux Classification _____
 Postweld Heat Treatment: Temp. _____ Hold Time _____ Heating/Cooling Rate _____

	Diam.	Current	WFS*	Voltage	Current and Polarity
Electrode (1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____

Calculated Heat Input (see 5.12) _____
 Shielding Gas _____ Dew Point _____ Flow Rate _____ Gas Cup Size _____
 Travel Speed: Min. _____ Max. _____
 Base Metal Specification and Thickness _____ Heat Number _____
 Backing Metal Specification and Thickness _____ Heat Number _____
 Base Metal Carbon Equivalent (see 5.4.2) _____

(Attach Copy of Certified Mill Test Report for Base and Backing Materials)

Preheat Temp. _____ Interpass Temp. Min. _____ Max. _____

SPECIMEN **TEST RESULTS**

All Weld Metal Tension (AWMT) Tensile Strength _____
 ksi MPa Yield Strength _____
Elongation in 50 mm [2 in] (%) _____
Reduction in Area % _____

Visual Inspection: Acceptable Unacceptable **Macro Test: Acceptable Unacceptable

Side Bends 1. _____ 2. _____ 3. _____ 4. _____

Reduced Section Tension Tension Strength 1. _____ Location of Break 1. _____
 ksi MPa 2. _____ 2. _____

Charpy V-Notch Impact (_____ , _____ , _____ , _____ , _____)
 Toughness of Weld Metal (_____ , _____ , _____)
 SMAW, SAW, FCAW, GMAW—5 Req'd. ^aAvg. ft-lbs, J @ _____ °F [°C]
 ESW and EGW—8 Req'd. ^aDiscard the highest and lowest values and average the 3 remaining.

**Chemistry of Deposited Weld Metal C _____ Mn _____ Si _____ P _____ S _____
 When Required by Contract Documents* Ni _____ Cr _____ Mo _____ V _____ Cu _____

Radiographic Test: Acceptable Unacceptable Remarks: _____

Fillet Weld Soundness Maximum Size Single Pass: _____ 1. _____ 2. _____ 3. _____
 Macroetch Minimum Size Multiple Pass: _____ 1. _____ 2. _____ 3. _____

We, the undersigned, certify that the above described WPQR/FWS has been qualified in accordance with Clause 5 of the AASHTO/AWS D1.5M/D1.5, (_____) Bridge Welding Code.
(year)

State/3rd Party Witness _____ Mfr./Contractor _____
 Date _____

Agency Results Reviewed _____ Authorized By _____
 Date _____ Date _____

*Optional **Optional for CJP
 Form L-3

**Form L-3—Procedure Qualification Record (PQR)
 for Qualification, Pretest, and Verification Results**