

WELDER, WELDING OPERATOR, OR TACK WELDER QUALIFICATION TEST RECORD

Type of Welder _____
 Name _____ Identification No. _____
 Welding Procedure Specification No. _____ Rev _____ Date _____

	Record Actual Values Used in Qualification	Qualification Range
Variables		
Process/Type [Table 4.12, Item (1)]	_____	_____
Electrode (single or multiple) [Table 4.12, Item (7)]	_____	_____
Current/Polarity	_____	_____
Position [Table 4.12, Item (4)]	_____	_____
Weld Progression [Table 4.12, Item (5)]	_____	_____
Backing (YES or NO) [Table 4.12, Item (6)]	_____	_____
Material/Spec.	_____ to _____	_____
Base Metal		
Thickness: (Plate)	_____	_____
Groove	_____	_____
Fillet	_____	_____
Thickness: (Pipe/tube)	_____	_____
Groove	_____	_____
Fillet	_____	_____
Diameter: (Pipe)	_____	_____
Groove	_____	_____
Fillet	_____	_____
Filler Metal (Table 4.12)		
Spec. No.	_____	_____
Class	_____	_____
F-No. [Table 4.12, Item (2)]	_____	_____
Gas/Flux Type (Table 4.12)	_____	_____
Other	_____	_____

VISUAL INSPECTION (4.8.1)			
Acceptable YES or NO _____			
Guided Bend Test Results (4.30.5)			
Type	Result	Type	Result
Fillet Test Results (4.30.2.3 and 4.30.4.1)			
Appearance _____		Fillet Size _____	
Fracture Test Root Penetration _____		Macroetch _____	
(Describe the location, nature, and size of any crack or tearing of the specimen.)			

Inspected by _____ Test Number _____
 Organization _____ Date _____

RADIOGRAPHIC TEST RESULTS (4.30.3.2)					
Film Identification Number	Results	Remarks	Film Identification Number	Results	Remarks

Interpreted by _____ Test Number _____
 Organization _____ Date _____

We, the undersigned, certify that the statements in this record are correct and that the test welds were prepared, welded, and tested in conformance with the requirements of Section 4 of AWS D1.1/D1.1M, (_____) *Structural Welding Code—Steel*.
 (year)

Manufacturer or Contractor _____ Authorized By _____
 Form N-4 Date _____