

WELDER OR WELDING OPERATOR 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 (4.8.1)	_____	
Electrode (single or multiple)	_____	
Current/Polarity	_____	
Position (4.8.4 or 4.9.4)	_____	
Weld Progression (4.8.6)	_____	
Backing (YES or NO) (4.8.7)	_____	
Material/Spec.	_____ to _____	
Base Metal		
Thickness: (Plate)	_____	
Groove	_____	
Fillet	_____	
Thickness: (Pipe/tube)	_____	
Groove	_____	
Fillet	_____	
Diameter: (Pipe)	_____	
Groove	_____	
Fillet	_____	
Filler Metal (4.8.2)		
Spec. No.	_____	
Class	_____	
F-No.	_____	
Gas/Flux Type (4.8.3)		
Other	_____	

VISUAL INSPECTION (4.10.1.1)			
Acceptable YES or NO _____			
Guided Bend Test Results (4.10.2.3)			
Type	Result	Type	Result
Fillet Test Results (4.10.5)			
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 (4.10.3)					
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 accordance with the requirements of Clause 4 of AWS D1.6, (_____) *Structural Welding Code—Stainless Steel*.
(year)

Manufacturer or Contractor _____ Authorized By _____
 Form M-3 Date _____