



## This is not the complete Routing Sheet

### Pretest Sequence – Qualifier Responsibilities

8. Mark test coupon with unique identification
9. Review WPS with Welder. Determine Additional potential hold points per WPS (e.g. check amps, volts, travel speed, back gouging, etc. and record if applicable).

*I have reviewed the WPS to be used for this performance qualification test and agree that it is appropriate for its intended purpose. I have received orientation on the conduct during this qualification test. I understand that this is the first step of welder certification and that the weldments I complete today must undergo further evaluation before certification can be determined.*

*I understand that this performance qualification test is not complete at the end of welding. Successful completion will depend upon meeting the requirements of the governing code requirements for subsequent NDE or destructive tests. I understand the test can be terminated at any point at the discretion of the Qualifier.*

**Signature of Welder:** \_\_\_\_\_

### Weld Test Hold Points – Qualifier Responsibilities

#### Position of Test Coupon \_\_\_\_\_

1. Allow the welder a practice session on scrap/sample material and verify the welder's chosen machine settings comply with the WPS.
2. Verify Unique Identification is present on the Test Coupon(s).
3. Verify fit-up of the weld joint after tacking for compliance with the WPS allowance.
4. Have welder position the tacked coupon into the fixture.
5. Verify proper test position of the weld joint in the fixture before welding begins.
6. Have welder complete the root pass then clean (if needed), observe volts and amps, and perform visual inspection.
7. Root pass visual inspection. **Pass** **Fail** **VOLTS** \_\_\_\_\_ **AMPS** \_\_\_\_\_
8. Resume welding with periodic observation of fill passes and cleaning methods by the welder and verify technique in accordance with WPS. **VOLTS** \_\_\_\_\_ **AMPS** \_\_\_\_\_ **OTHER** \_\_\_\_\_
9. If multiple welding processes are used, measure deposited weld metal thickness for process #1. Then verify and record actual welding parameters for process #2.  
**Welding Process #1: THICKNESS OF DEPOSITED WELD METAL** \_\_\_\_\_  
**Welding Process #2: THICKNESS OF DEPOSITED WELD METAL** \_\_\_\_\_ **VOLTS** \_\_\_\_\_ **AMPS** \_\_\_\_\_
10. Complete the test weld following the WPS (coupon remains in fixture for visual inspection)
11. Clean by brushing only (no grinding on cover passes) for presentation for final visual inspection
12. Final visual inspection **Pass** **Fail**
13. Coupon is maintained in as-welded condition for ATF evaluation
14. Other hold points as applicable: \_\_\_\_\_

*I attest that I have conducted this welder performance qualification test in accordance with the requirements of the standards listed above. This signature does not constitute welder certification.*

**Signature of Qualifier:** \_\_\_\_\_



## Destructive Testing Checklist

### 1. ATF Qualifier

1. Condition: Required markings are evident on the coupon (i.e. ID marks, processing marks)?
2. Examine received coupon. Are they in the as-welded condition?
3. Visual Inspection of Received Coupons acceptable?
4. Verify the specimen preparation and received materials using the governing standard; verify the materials and quantity of materials are adequate to perform the required tests. Acceptable?

### 2. Specimen Preparation

Follow ATF procedures for specimen preparation that address the minimum activities required as per QC47.

### 3. Mechanical Testing

**Guided Bend Tests** (as required by the governing standard) (state "not applicable" in the notes column for unused side bend types or other not used tests including radiography)

	Pass	Fail	Notes
Face 1			
Face 2			
Root 1			
Root 2			
Side 1			
Side 2			
Side 3			
Side 4			

### 4. Other Tests (as required by the governing standard)

	Pass	Fail	Notes
Nick Break			
Other			
Macro-etch			
Bend Break / Fracture Test			
Radiographic Testing (in lieu of bends, when permitted by the governing standard/code)*			
Laboratory Report**	Yes No		Report # (if applicable) _____
Radiographer Name			Level I Level II Level III

### 5. Overall Test Summary (Required)

Pass

Fail

Reason (if test failed)

\*Reader Sheet to be retained by ATF.

\*\*Laboratory Report to be retained by ATF.

*I attest that I have conducted this welder performance qualification test in accordance with the appropriate requirements of the standards listed above to the best of my ability. This signature does not constitute welder certification.*

*I attest that the information provided in this form is complete and accurate to the best of my knowledge.*

**Signature of Qualifier** \_\_\_\_\_