

PERFORMANCE QUALIFICATION TEST RECORD
(SMAW, GMAW, GTAW, FCAW, SAW, OFW, PAW)

Name _____ Welder Welding Operator
 ID No. _____ WPS Used _____
 Process(es) _____ Transfer Mode (GMAW) _____
 Test Base Metal Specification _____ To _____
 Material Number _____ To _____
 Fuel Gas (OFW) _____
 AWS Filler Metal Classification(s) _____ F No. _____
 Backing: Yes No Double Side Single Side
 Current/Polarity: AC DCEP DCEN
 Consumable Insert: Yes No Backing Gas: Yes No



Test Weldment Position Tested
 Groove: Pipe 1G 2G 5G 6G
 Plate 1G 2G 3G 4G
 Fillet: Pipe 1F 2F 2FR 4F 5F
 Plate 1F 2F 3F 4F
 Cladding: 1C 2C 3C 4C 5C 6C
 Hardfacing: 1C 2C 3C 4C 5C 6C
 Progression: Vertical Up Vertical Down

Weldment Thickness (T)
 Thickness _____ Diameter _____
 Thickness _____
 Thickness _____ Diameter _____
 Thickness _____
 Thickness _____
 Thickness _____

Test Results

Visual Test: Pass Fail N/A
 Bend Test: Pass Fail N/A
 Macro Test: Pass Fail N/A
 Break Test: Pass Fail N/A
 Radiographic Test: Pass Fail N/A

Remarks _____

Qualification Limits

Process(es) _____

Weldment Position
 Groove: Pipe F H V O All
 Plate F H V O All
 Cladding: F H V O All
 Hardfacing: F H V O All

Deposit Thickness
 t min. _____ t max. _____ Dia. min. _____
 t min. _____ t max. _____
 t min. _____ t max. _____
 t min. _____ t max. _____

Fillet: Pipe F H V O All
 Plate F H V O All

Base Metal Thickness
 T min. _____ T max. _____ Dia. min. _____
 T min. _____ T max. _____

Progression: Vertical Up Vertical Down

Base Metal M No(s). _____
 Filler Metal F No(s). _____
 Current/Polarity: AC DCEP DCEN
 Backing Gas _____

Fuel Gas (OFW) _____
 Backing: Yes No
 Consumable Insert: Yes No
 Transfer Mode (GMAW) _____

I 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 B2.1/B2.1M, (_____), *Specification for Welding Procedure and Performance Qualification*.
 (year)

Date Tested _____ Qualifier Signature _____