

PROCEDURE QUALIFICATION RECORD (PQR)

for SAW, SMAW, GMAW, GTAW, FCAW

Company _____

Approved by _____

(Signature Required)

PQR No. _____

Date _____

Welding Process(es) _____

Type(s) _____

(Manual, Semiautomatic, Automatic, Robotic, Mechanized)

Joints

Joint Type _____

Backing _____

Backing Material (Type) _____

Groove Angle _____

Root Opening Radius: U J

Root Face _____

Backgouging: Yes No

Backgouging Method _____

Joint Details

Sketches, production drawings, welding symbols, or written description should show the general arrangement of the parts to be welded. Where applicable, the root details of the weld groove may be specified.

Base Metals

M-No. _____ Group No. _____

or to M-No. _____ Group No. _____

Specification Type and Grade _____

to Specification Type and Grade _____

Thickness Range of Base Metal: Groove _____ Fillet _____

Pipe Diameter Range: Groove _____ Fillet _____

Other _____

Filler Metals

Filler Metal F-No. _____

Other _____

AWS Classification _____

AWS Specification _____

Weld Metal Analysis A-No. _____

Other _____

Filler Metal Size _____

Electrode Flux (Class) _____

Weld Metal Thickness _____

Flux Trade Name _____

Consumable Insert _____

Other _____

Positions

Preheat

Position(s) of Groove _____

Preheat Temperature (Min.) _____

Position(s) of Fillet _____

Temperature (Max.) _____

Weld Progression _____

PWHT

Temperature _____

Time _____

Shielding

	Torch Shielding	Root Shielding	Trailing	Environmental Shielding
Gas(es)				
Composition				
Flow Rate				

Electrical Characteristics and Welding Parameters

Other Variables

Current Type/Polarity _____
 Pulsing: Yes No
 Current (Range) _____
 Voltage (Range) _____
 Wire Feed Speed (Range) _____
 Travel Speed (Range) _____
 Tungsten Electrode Size/Type _____
 Transfer Mode _____
 Pulsing Parameters _____
 Heat Input _____
 Other _____

Cup or Nozzle Size _____
 Collet Body or Glass Lens
 Cleaning Method _____
 Technique: Stringer or Weave Bead
 Number of Electrodes _____
 Number of Passes per Side _____
 Other _____

Test Results

Visual Test Results _____

Tensile Results

Specimen No.	Width	Thickness	Area	Results		Failure Type and Location
				Maximum Load	Ultimate Tensile Strength	

Guided Bend Tests	Qualification Results for Toughness Application
Type and Figure Number	Type and Figure Number

Fillet Weld Tests	Other Tests
Type and Figure Number	Type and Figure Number

We, the undersigned, 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)

Manufacturer or Contractor _____
 Date _____ By _____
 Please Print Signature Required