

**MANUFACTURER'S RECORD QUALIFICATION TESTS
OF WELDER OR WELDING OPERATOR OR TACK WELDER**

Name _____ Clock No. _____ Stamp No. _____ Retest _____
 Welding Process _____ Type _____
 In accordance with welding procedure specification WPS No. _____ and PQR No. _____
 Material Group _____ To Group _____ Alloy _____ To _____
 Thickness of Test Material _____
 Filler Metal F No. _____ AWS Class _____ Diameter _____
 Other _____
 Position _____ Backing Material _____
 Electrical Characteristics: Current _____ Polarity _____
 Shielding Gas _____ Flow _____

For Information Only

Power Source _____
 (Make, model, type)
 Wire Feeder _____
 Welding Torch _____

VISUAL INSPECTION (3.6)

Appearance _____ Undercut _____ Piping Porosity _____

GUIDED BEND TEST RESULTS

Type of Bend	Specimen Thick., in	Bend Jig Fig. No.	Bend Diam., in	Result	Type of Bend	Specimen Thick., in	Bend Jig Fig. No.	Bend Diam., in	Result

Radiographic results: Alternative qualification of groove welds by radiography in accordance with 3.21.6.3 _____

Test conducted by _____ Laboratory: Test No. _____
 per _____

FILLET WELD TEST RESULTS

Fracture test _____
 (Describe the location, nature, and size of any crack or tearing of specimen.)
 Length and percent of defects _____ Inches _____ %
 Appearance: Fillet Size _____ in X _____ in Convexity or Concavity _____ in
 Test conducted by _____ Laboratory: Test No. _____
 per _____

We 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 AWS D1.2/D1.2M, *Structural Welding Code—Aluminum*.

Signed _____ By _____
 (Organization)

Date _____ Title _____