

Sample Welder Qualification Test Record

Welder's Name & ID No. _____ Date _____

Welding Procedure Specification No. _____ Revision No. _____

Process: <input type="checkbox"/> GMAW <input type="checkbox"/> FCAW <input type="checkbox"/> GTAW <input type="checkbox"/> SMAW <input type="checkbox"/> GMAW-S	Material Specification: Bar _____ Structural Steel _____	<input type="checkbox"/> T-Joint [Figure 8.5(B)] <input type="checkbox"/> Direct Butt [Figure 8.5(A)] <input type="checkbox"/> Indirect Butt [Figure 8.5(D)] <input type="checkbox"/> Fillet [Figure 8.7]
Backing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: <input type="checkbox"/> Vertical Up <input type="checkbox"/> OH <input type="checkbox"/> Horizontal <input type="checkbox"/> Flat	Material Specification: Bar to Bar _____ Bar to Structural Steel _____

FILLER METAL

AWS Specification No. _____	AWS Classification _____
Electrode _____	Diameter/F No. _____
Shielding Gas _____	Trade Name _____

TEST RESULTS

Visual Weld Appearance: (Subclause 6.4) 1. <input type="checkbox"/> Pass <input type="checkbox"/> Fail 2. <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Tensile Strength, psi: (Subclause 8.3.7.2) 1. _____ 2. _____
Macroetch Test Results: (Subclause 8.3.7.3) 1. <input type="checkbox"/> Pass <input type="checkbox"/> Fail 2. <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Fillet Weld Test: (Subclause 8.3.7.4) 1. <input type="checkbox"/> Pass <input type="checkbox"/> Fail 2. <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Interpreted by _____ Organization _____	Test No. _____ Date _____

RADIOGRAPHIC TEST RESULTS

Film Identification	Results	Remarks	Film Identification	Results	Remarks

Interpreted by _____	Test No. _____
Organization _____	Date _____

We, the undersigned, certify that the statements in this record are correct and that the welds were prepared and tested in accordance with the requirements of AWS D1.4/D1.4M:2018, *Structural Welding Code—Steel Reinforcing Bars*.

Manufacturer or Contractor _____

Authorized by _____ Date _____

QUALIFICATION RESULTS

The Welder/Operator identified above <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT meet the performance qualifications specified in the AWS D1.4/D1.4M:2018 code for the variables stated.
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