PROCEDURE QUALIFICATION RECORD

PQR NUMBER_____ *(Include PQR Number on All Supporting Documents)*

Welder's Name _____ ID_____ Welding Test Date _____

Process _____ Position_____ Joint Detail: ☐ Fig. 7.1 ☐ Fig. 7.2 ☐ Fig. 7.3 ☐ Fig. 7.8

Electrode(s) Mfg. Designation_____

AWS Electrode Classification _____ Electrical Stick Out_____

Flux Mfg. Designation _____ AWS Flux Classification _____

Postweld Heat Treatment: Temp._____ Hold Time_____ Heating/Cooling Rate _____

		Diam.	Current	WFS*	Voltage	Current and Polarity
Electrode	(1)					
	(2)					
	(3)					

Calculated Heat Input (see 7.12) _____

Shielding Gas _____ Dew Point _____ Flow Rate_____ Gas Cup Size_____

Travel Speed: Min. _____ Max._____

Base Metal Specification and Thickness_____ Heat Number _____

Backing Metal Specification and Thickness _____ Heat Number _____

Base Metal Carbon Equivalent_____

(Attach Copy of Certified Mill Test Report for Base and Backing Materials)

Preheat Temp._____ Interpass Temp. Min. _____ Max._____

SPECIMEN	TEST RESULTS
All Weld Metal Tension (AWMT) ☐ ksi ☐ MPa	Tensile Strength_____ Yield Strength _____ Elongation in 50 mm [2 in] (%) _____ Reduction in Area % _____
Visual Inspection: ☐ Acceptable ☐ Unacceptable	**Macro Test: ☐ Acceptable ☐ Unacceptable
Side Bends	1. _____ 2. _____ 3. _____ 4. _____
Reduced Section Tension ☐ ksi ☐ MPa	Tension Strength 1. _____ 2. _____ Location of Break 1. _____ 2. _____
Charpy V-Notch Impact Toughness of Weld Metal SMAW, SAW, FCAW, GMAW—5 Req'd. ESW and EGW—8 Req'd.	(_____ , _____ , _____ , _____ , _____) (_____ , _____ , _____) [a]Avg. ☐ ft·lbs, ☐ J _____ @ _____ ☐ °F ☐ [°C] [a]*Discard the highest and lowest values and average the 3 remaining.*
**Chemical Composition of Deposited Weld Metal When Required by Contract Documents*	C_____ Mn_____ Si_____ P _____ S_____ Ni _____ Cr _____ Mo _____ V _____ Cu_____
Radiographic Test: ☐ Acceptable ☐ Unacceptable	Remarks: _____

We, the undersigned, certify that the above described PQR/has been qualified in accordance with Clause 7 of the AASHTO/AWS D1.5M/D1.5, (_____) *Bridge Welding Code*.
(year)

State/3rd Party Witness _____ Mfr./Contractor _____

Date _____

Authorized By_____

Agency Results Reviewed_____

Date _____ Date _____

*Optional **Optional for CJP

Form N-3

Form N-3—Procedure Qualification Record (PQR) for Qualification, Pretest, and Verification Results for Groove Welds