

PROCEDURE QUALIFICATION RECORD WORKSHEET
PQR NUMBER_____

Welder's Name _____ ID _____ Welding Test Date _____
 Process _____ Position _____ Joint Detail: ☐ Fig. 7.1 ☐ Fig. 7.2
 Electrode(s) Mfg. Designation _____ ☐ Fig. 7.3 ☐ Fig. 7.8
 AWS Electrode Classification _____ Electrical Stick Out _____
 Flux Mfg. Designation _____ AWS Flux Classification _____
 Postweld Heat Treatment: Temp. _____ Hold Time _____ Heating/Cooling Rate _____

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

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

[illegible]

*Optional

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For multiple electrodes, list each electrode on separate line. For parallel electrodes, show "2 @ _____" under number and diameter. Measure preheat and interpass at mid length of plate approximately 25 mm [1 in] from the weld center line.

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

Date _____

Form N-4

Form N-4—Procedure Qualification Record (PQR) Worksheet