

WELDER AND WELDING OPERATOR QUALIFICATION RECORD

Welder or welding operator's name _____ Identification no. _____
 Welding process _____ Manual _____ Semiautomatic _____ Mechanized _____
 Position _____
 (Flat, horizontal, overhead or vertical—if vertical, state whether upward or downward)
 In conformance with WPS no. _____
 Material specification _____

FILLER METAL

Specification no. _____ Classification _____ F no. _____
 Describe filler metal (if not covered by AWS specification) _____
 Is backing used? _____
 Filler metal diameter and trade name _____ Flux for SAW or gas for GMAW or FCAW-G _____

VISUAL INSPECTION (8.26.1)

Appearance _____ Undercut _____ Piping porosity _____

Guided Bend Test Results

Type	Result	Type	Result

Test conducted by _____ Laboratory test no. _____
 per _____ Test date _____

Fillet Test Results

Appearance _____ Fillet size _____
 Fracture test root penetration _____ Macroetch _____
 (Describe the location, nature, and size or any crack or tearing of the specimen.)
 Test conducted by _____ Laboratory test no. _____
 per _____ Test date _____

RADIOGRAPHIC TEST RESULTS

Film Identification	Results	Remarks	Film Identification	Results	Remarks

Test witnessed by _____ Test no. _____
 per _____

We, the undersigned, certify that the statements in this record are correct and that the welds were prepared and tested in conformance with the requirements of AASHTO/AWS D1.5M/D1.5, (_____) *Bridge Welding Code*.
 (year)

Manufacturer or Contractor _____
 Authorized By _____
 Date _____

Form N-6

Form N-6—Welder and Welding Operator Qualification Record