

Procedure Qualification Record (PQR) # _____
Test Results

TENSILE TEST

Specimen No.	Width	Thickness	Area	Ultimate tensile load, lbs [N]	Ultimate unit stress, psi [MPa]	Character of failure and location

GUIDED BEND TEST

Specimen No.	Type of bend	Result	Remarks

VISUAL INSPECTION

Appearance _____
 Undercut _____
 Piping porosity _____
 Convexity _____
 Test date _____
 Witnessed by _____

Radiographic-ultrasonic examination
 RT report no.: _____ Result _____
 UT report no.: _____ Result _____

FILLET WELD TEST RESULTS

Minimum size multiple pass	Maximum size single pass
Macroetch	Macroetch
1. _____ 3. _____	1. _____ 3. _____
2. _____	2. _____

Other Tests

All-weld-metal tension test
 Tensile strength, psi [MPa] _____
 Yield point/strength, psi [MPa] _____
 Elongation in 2 in [50 mm], % _____
 Laboratory test no. _____

Welder's name _____

Clock no. _____ Stamp no. _____

Tests conducted by _____

Laboratory

Test number _____

Per _____

We, the undersigned, 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 Clause 6 of AWS D1.6, (_____) *Structural Welding Code—Stainless Steel*.
 (year)

Signed _____
 Manufacturer or Contractor

By _____

Title _____

Date _____