

WELDER OR WELDING OPERATOR QUALIFICATION TEST RECORD

Type of Welder _____
 Name _____ Identification No. _____
 Welding Procedure Specification No. _____ Rev _____ Date _____

	Record Actual Values Used in Qualification	Qualification Range
Variables		
Process/Type	_____	
Electrode (single or multiple)	_____	
Current/Polarity	_____	
Position	_____	
Weld Progression	_____	
Backing (YES or NO)	_____	
Material/Spec.	to	
Base Metal		
Thickness (Plate)	_____	
Groove	_____	
Fillet	_____	
Thickness: (Pipe/tube)	_____	
Groove	_____	
Fillet	_____	
Diameter: (Pipe)	_____	
Groove	_____	
Fillet	_____	
Filler Metal	_____	
Spec. No.	_____	
Class	_____	
F-No.	_____	
Gas/Flux Type	_____	
Other	_____	

VISUAL INSPECTION			
Acceptable YES or NO _____			
Guided Bend Test Results			
Type	Result	Type	Result
Fillet Test Results			
Appearance _____		Fillet Size _____	
Fracture Test Root Penetration _____		Macroetch _____	
(Describe the location, nature, and size of any crack or tearing of the specimen.)			
Inspected by _____		Test Number _____	
Organization _____		Date _____	

RADIOGRAPHIC TEST RESULTS					
Film Identification Number	Results	Remarks	Film Identification Number	Results	Remarks

Inspected by _____ Test Number _____
 Organization _____ Date _____

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)

Manufacturer or Contractor _____ Authorized By _____
 Form H-3 Date _____