

**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	_____	

<b>VISUAL INSPECTION</b>			
Acceptable YES or NO _____			
<b>Guided Bend Test Results</b>			
Type	Result	Type	Result
<b>Fillet Test Results</b>			
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 _____		

<b>RADIOGRAPHIC TEST RESULTS</b>					
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 \_\_\_\_\_