

**Procedure Qualification Record (PQR) # _____
Test Results**

TENSILE TEST

Specimen No.	Width	Thickness	Area	Ultimate Tensile Load, lb [kg]	Ultimate Unit Stress, psi [N/mm ²]	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	Maximum Size
Macroetch	Macroetch
1. _____ 3. _____	1. _____ 3. _____
2. _____	2. _____

All-Weld-Metal Tension Test

Tensile Strength, psi [N/mm²] _____
 Yield Point/Strength, psi [N/mm²] _____
 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 produced, welded, and tested in accordance with the requirements of Clause 3 of AWS D1.9/D1.9M, (_____) *Structural Welding Code—Titanium*.
 (year)

Fabricator or Contractor _____

Authorized By _____

Date _____

Signed _____

Title _____