

**WELDER, WELDING OPERATOR, OR TACK WELDER 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 Type		
Electrode (Single or Multiple)		
Current/Polarity		
Position		
Weld Progression		
Backing Yes <input type="checkbox"/> No <input type="checkbox"/>		
Material Specification		
Base Metal		
Thickness (Plate)		
Groove		
Fillet		
Thickness (Pipe)		
Groove		
Fillet		
Diameter (Pipe)		
Groove		
Fillet		
Filler Metal		
Specification No.		
Class		
F-No.		
Gas Type		
Other		

<b>VISUAL INSPECTION)</b>			
Acceptable Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Guided Bend Test Results</b>			
Type	Result	Type	Result
<b>Fillet Test Results</b>			
Appearance _____		Fillet Size _____	
_____		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

Interpreted by \_\_\_\_\_ Test Number \_\_\_\_\_  
 Organization \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_ Signed \_\_\_\_\_ Authorized By \_\_\_\_\_  
 Date \_\_\_\_\_ Title \_\_\_\_\_