

**WELDER AND WELDING OPERATOR QUALIFICATION RECORD**

Welder or welding operator's name \_\_\_\_\_ Identification no. \_\_\_\_\_  
 Welding process \_\_\_\_\_ Manual \_\_\_\_\_ Semiautomatic \_\_\_\_\_ Mechanized \_\_\_\_\_  
 Position \_\_\_\_\_  
 (Flat, horizontal, overhead or vertical—if vertical, state whether upward or downward)  
 In conformance with WPS no. \_\_\_\_\_  
 Material specification \_\_\_\_\_

**FILLER METAL**

Specification no. \_\_\_\_\_ Classification \_\_\_\_\_ F no. \_\_\_\_\_  
 Describe filler metal (if not covered by AWS specification) \_\_\_\_\_  
 Is backing used? \_\_\_\_\_  
 Filler metal diameter and trade name \_\_\_\_\_ Flux for SAW or gas for GMAW or FCAW-G \_\_\_\_\_

**VISUAL INSPECTION (8.26.1)**

Appearance \_\_\_\_\_ Undercut \_\_\_\_\_ Piping porosity \_\_\_\_\_

**Guided Bend Test Results**

Type	Result	Type	Result

Test conducted by \_\_\_\_\_ Laboratory test no. \_\_\_\_\_  
 per \_\_\_\_\_ Test date \_\_\_\_\_

**Fillet Test Results**

Appearance \_\_\_\_\_ Fillet size \_\_\_\_\_  
 Fracture test root penetration \_\_\_\_\_ Macroetch \_\_\_\_\_  
 (Describe the location, nature, and size or any crack or tearing of the specimen.)  
 Test conducted by \_\_\_\_\_ Laboratory test no. \_\_\_\_\_  
 per \_\_\_\_\_ Test date \_\_\_\_\_

**RADIOGRAPHIC TEST RESULTS**

Film Identification	Results	Remarks	Film Identification	Results	Remarks

Test witnessed by \_\_\_\_\_ Test no. \_\_\_\_\_  
 per \_\_\_\_\_

We, the undersigned, certify that the statements in this record are correct and that the welds were prepared and tested in conformance with the requirements of AASHTO/AWS D1.5M/D1.5, (\_\_\_\_\_) *Bridge Welding Code*.  
 (year)

Manufacturer or Contractor \_\_\_\_\_  
 Authorized By \_\_\_\_\_  
 Date \_\_\_\_\_

Form N-5

**Form N-5—Welder and Welding Operator Qualification Record**