

**Blank Sample PQR Form (GMAW & FCAW – page 1)
PROCEDURE QUALIFICATION RECORD (PQR)**

Company Name	PQR No.	Rev. No.	Date
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BASE METALS	Specification	Type or Grade	AWS Group No.	Thickness	Size (NPS)	Schedule	Diameter
Base Material							
Welded To							
Backing Material							
Other							

JOINT DETAILS	
Groove Type	
Groove Angle	
Root Opening	
Root Face	
Backgouging	
Method	

JOINT DETAILS (Sketch)

POSTWELD HEAT TREATMENT	
Temperature	
Time at Temperature	
Other	

PROCEDURE								
Weld Layer(s)								
Weld Pass(es)								
Process								
Type (<i>Semiautomatic, Mechanized, etc.</i>)								
Position								
Vertical Progression								
Filler Metal (AWS Spec.)								
AWS Classification								
Diameter								
Manufacturer/Trade Name								
Shielding Gas Composition								
Flow Rate								
Nozzle Size								
Preheat Temperature								
Interpass Temperature								
Electrical Characteristics	—	—	—	—	—	—	—	—
Current Type & Polarity								
Transfer Mode (GMAW)								
Power Source Type (<i>cc, cv, etc.</i>)								
Amps								
Volts								
Wire Feed Speed								
Travel Speed								
Maximum Heat Input								
Technique	—	—	—	—	—	—	—	—
Stringer or Weave								
Multi or Single Pass (per side)								
Oscillation (<i>Mechanized/Automatic</i>)								
Traverse Length								
Traverse Speed								
Dwell Time								
Number of Electrodes								
Contact Tube to Work Dist.								
Peening								
Interpass Cleaning								
Other								

**Blank Sample PQR Form (Test Results – page 2)
PROCEDURE QUALIFICATION RECORD (PQR) TEST RESULTS**

PQR No. _____ Rev. No. _____

TESTS

✓	Type of Tests	Clause/Figure(s) Reference	Acceptance Criteria	Result	Remarks
<input type="checkbox"/>	Visual Inspection	6.10.1	6.10.1		
<input type="checkbox"/>	Radiographic Examination	6.10.2.1	6.10.2.2		
<input type="checkbox"/>	Ultrasonic Testing	6.10.2.1	6.10.2.2		
<input type="checkbox"/>	2 Transverse Root Bends	6.10.3.1/Fig. 6.8	6.10.3.3		
<input type="checkbox"/>	2 Transverse Face Bends	6.10.3.1/Fig. 6.8	6.10.3.3		
<input type="checkbox"/>	2 Longitudinal Root Bends	6.10.3.1/Fig. 6.8	6.10.3.3		
<input type="checkbox"/>	2 Longitudinal Face Bends	6.10.3.1/Fig. 6.8	6.10.3.3		
<input type="checkbox"/>	2 Side Bends	6.10.3.1/Fig. 6.9	6.10.3.3		
<input type="checkbox"/>	4 Side Bends	6.10.3.1/Fig. 6.9	6.10.3.3		
<input type="checkbox"/>	2 Tensile Tests	6.10.3.1/Fig. 6.10	6.10.3.5		
<input type="checkbox"/>	All-Weld-Metal Tensions	6.10.3.1/Figs. 6.14 and 6.18	6.15.1.3(2)		
<input type="checkbox"/>	3 Macroetch	6.10.4	6.10.4.1		
<input type="checkbox"/>	4 Macroetch	6.10.4	6.10.4.1		
<input type="checkbox"/>	CVN Tests	6 Part D/Fig. 6.28	6.30 and Table 6.15		
<input type="checkbox"/>					

TENSILE TEST DETAILS

Specimen Number	Width	Thickness	Area	Ultimate Tensile Load	Ultimate Unit Stress	Type of Failure and Location

TOUGHNESS TEST DETAILS

Specimen Number	Notch Location	Specimen Size	Test Temperature	Absorbed Energy	Percent Shear	Lateral Expansion	Average

CERTIFICATION

Welder's Name	ID Number	Stamp Number	Tests Conducted by	
			Laboratory	
			Test Number	
			File Number	

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 D1.1/D1.1M, (_____) *Structural Welding Code—Steel*.
(year)

Title	
Name	Signature
Date	

Form J-1 (Back)

(See <http://go.aws.org/D1forms>)