

Record of Welder Performance Qualification Test on Groove Welds

Client: _____	Subcontractor: _____
Project No.: _____	Subcontract P.O. No.: _____
Project Name: _____	

1.0 Welder's name _____	Clock No. _____	Stamp No. _____
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2.0 Welding process _____

3.0 Position (if vertical state whether upward or downward)
(flat, horizontal, vertical or overhead) _____

4.0 In accordance with Procedure Qualification No. _____

5.0 Parent material

5.1 Material - specification _____ to _____ of P-No. _____
to P-No. _____

5.2 Diameter and wall thickness (if pipe) otherwise joint thickness _____

5.3 Diameter and thickness range this qualifies _____

6.0 Filler metal

6.1 Specification No. _____ Group No. F _____
to P-No. _____

6.2 Describe filler metal if not included in table Q-2 or QN-11:2 (State diameter and trade name)

7.0 Is backing strip used? _____

8.0 Flux or Submerged Arc or gas for Inert Gas Shielded Arc

9.0 Guided bend test results

Type and figure No. _____

Result _____

10.0 Test conducted by _____ Laboratory - test No. _____
Report No.: _____

<p><i>We 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 Section IX of the ASME Code/.....*</i></p>	<p>Representing:</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
*Complete/delete as necessary	