



WELDER and WELDING OPERATOR PERFORMANCE QUALIFICATION RECORD

| | | |
|--------------------------------|----------------|--------------------------|
| Welder's Name: | ATF No: | Test No. |
| Welder's SS No. XXX-XX- | Date: | Reference WPS No: |

| VARIABLE | QUALIFICATION TEST DETAIL | QUALIFICATION RANGE* |
|---|--|--|
| Code or Specification Used: | | |
| Welding Process and Type: | <input type="checkbox"/> Manual <input type="checkbox"/> Semiautomatic <input type="checkbox"/> Mechanized <input type="checkbox"/> Automatic | <input type="checkbox"/> Manual <input type="checkbox"/> Semiautomatic <input type="checkbox"/> Mechanized <input type="checkbox"/> Automatic |
| Backing: | <input type="checkbox"/> Used <input type="checkbox"/> Not Used | Required if used |
| Base Metal Spec/P or M-Number | | |
| Plate/Pipe Thickness – Groove | Plate <input type="checkbox"/> Pipe <input type="checkbox"/> Thick. | |
| Plate/Pipe Thickness – Fillet | Plate <input type="checkbox"/> Pipe <input type="checkbox"/> Thick. | |
| Pipe/Tubular Outside Diameter – Groove | | |
| Pipe/Tubular Outside Diameter – Fillet | | |
| Filler Metal Specification No. | | |
| Classification No. | | |
| F No. | | |
| Diameter | | |
| Consumable Insert | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Penetration Enhancing Flux | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Deposited Weld Metal Thickness | | |
| Current/Polarity & Current Range | Type/Polarity: Range: Amperes | |
| Metal Transfer Mode (GMAW or FCAW) | | |
| Torch Shielding Gas | Type: Flow: | |
| Root Shielding Gas | <input type="checkbox"/> NA Type: Flow: | |
| Position(s) | Test Position(s) (1G, 2G, etc.): | Qualified Position(s) (F, H, V, O, or All) |
| Vertical Progression | <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill | <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill |

* NOTE: Insert NA for Variables that are identified as Non-essential in the Code or Specification used for the Performance Qualification Test

| MECHANICAL TEST RESULTS | | | |
|--|---------|--|---------|
| Type And Figure No. | Results | Type And Figure No. | Results |
| | | | |
| | | | |
| | | | |
| Guided mechanical Testing Conducted By: | | Date: | |
| NONDESTRUCTIVE EXAMINATION RESULTS | | | |
| Radiographic Results: | | Report No. | |
| Radiographic Testing Conducted By: | | | |
| Welding Witnessed By: | | Visual Inspection: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (reason) | |
| We certify that the statements in this record are correct and the test welds were prepared, welded and tested in accordance with the requirements of: AWS D1.1- , AWS B2.1- Other: | | | |
| Date Qualified: | | ATF Name and Number: | |
| | | Signed By: | |
| | | CWI No. | |