

Company Name

WELDER REQUALIFICATION RECORD

Welder Name _____ Identification No. _____
Witnessed By _____ Date Requalified _____
Welding Procedure _____ Revision No. 003 _____
Supporting PQR (s) Prequalified _____ By _____

Requalification Variables

Weld Process _____
Position's Qualified _____
Filler Metal Qualified _____
Type of Weld Qualified _____

Requalification Test

Project Name _____
Project Number _____
Piece Number _____
Type of Weld _____
Position of Weld _____

Test Results

Type of Test _____ Requalification _____
Weld Code _____ AWS D1.1 _____
Acceptable Unacceptable _____
Tested By _____ Date _____

Company Name hereby states, that the above named welder has been continuously welding for a period of not less than six months as required by the AWS D1.1 (2008) Structural Welding Code. Furthermore, Company Name has requalified this welder within the required time span as stated in this record.

2008

Signed _____ Date _____