

WELDER QUALIFICATION TEST RECORD

Name Johnny Sparks				Identification No. # 000679							
Welding Procedure Specification No. AWS2-2-GMAW				WPS Revision Date 1995							
				Record Actual Values Used in Qualification							
Variables				Qualification Range							
Process/Type (Table 4.11, Item [1])				GMAW (short circuit)							
Electrode (single or Multiple) [Table 4.11 Item (8)]				Single							
Current/Polarity				DCEP							
Transfer Mode				Short Circuiting Transfer							
Position [Table 4.11, Item (4)]				2-G, 3-G, 4-G							
Weld Progression [Table 4.11, Item (6)]				Vertical Up and Downward							
Backing (YES <input type="checkbox"/> or NO <input checked="" type="checkbox"/>) [Table 4.11, Item (7)]				No Backing							
Material/Spec				ASTM A-36							
Base Metal				M-1 or P1 Group 1 or 2 to M-1 or P1 Group 1 or 2							
Thickness: (Plate)				3/8"							
Groove				X							
Fillet				1/8" to 3/4"							
Thickness: (Pipe/tube)											
Groove											
Fillet				1/8" Minimum							
Diameter: (Pipe)											
Groove											
Fillet				All Diameters							
Filler Metal [Table 4.11, Item (3)]											
Spec. No.				AWS A5.18							
Class				ER70S-X							
F-No.				F-6							
Gas/Flux Type [Table 4.11, Item (3)]				C02 100%							
Other											
Visual Inspection (4.8.1)											
Acceptable Yes <input checked="" type="checkbox"/> or No <input type="checkbox"/>											
Guided Bend Test Results (4.30.5)											
Type	Result 2-G		Type	Result 3-G Down		Type	Result 3-G up		Type	Result 4-G	
Root	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	Root	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	Root	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	Root	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>
Face	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	Face	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	Face	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	Face	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>
Fillet Test Results (4.30.2.3 and 4.30.4.1)											
Appearance N/A								Fillet Size			
Fracture Test Root Penetration								Macroetch			
(Describe the location, nature, and size of any crack or tearing of the specimen.)											
Inspected by <u>N/A</u>						Test Number _____					
Organization _____						Date _____					
RADIOGRAPHIC TEST RESULTS (4.30.0.3.2)											
Film Identification Number <u>N/A</u>						Film Identification Number _____					
Results _____						Results _____					
Remarks _____						Remarks _____					
Interpreted by <u>N/A</u>						Test Number _____					
Organization _____						Date _____					
Interpreted by _____											
We, the undersigned, certify that the statements in this record are correct and that the test welds were prepared, welded, and tested in conformance with the requirements of Section 4 of AWS D1.1/D1.1M, (2006) Structural Welding Code--Steel											
Manufacturer or Contractor Blackhawk Technical College						Authorized by _____					
						Date December 19 2008					