

Sample Welder Qualification Test Record

Welder's Name & ID No. _____ Date _____

Welding Procedure Specification No. _____ Revision No. _____

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|---|---|---|
| Process: <input type="checkbox"/> GMAW <input type="checkbox"/> FCAW <input type="checkbox"/> SMAW <input type="checkbox"/> GMAW-S | Material Specification: Bar _____ Structural Steel _____ | <input type="checkbox"/> T-Joint [Figure 6.5(B)] <input type="checkbox"/> Direct Butt [Figure 6.5(A)] <input type="checkbox"/> Indirect Butt [Figure 6.5(C) & (D)] <input type="checkbox"/> Fillet [Figure 6.6(D)] |
| Backing: <input type="checkbox"/> Yes <input type="checkbox"/> No | Position: <input type="checkbox"/> Vertical Up <input type="checkbox"/> OH <input type="checkbox"/> Horizontal <input type="checkbox"/> Flat | Material Specification: Bar to Bar _____ Bar to Structural Steel _____ |

FILLER METAL

| | |
|-----------------------------|--------------------------|
| AWS Specification No. _____ | AWS Classification _____ |
| Electrode _____ | Diameter/F No. _____ |
| Shielding Gas _____ | Trade Name _____ |

TEST RESULTS

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| Visual Weld Appearance: (Clause 4.4) 1. <input type="checkbox"/> Pass <input type="checkbox"/> Fail 2. <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Tensile Strength, psi: (Subclause 6.3.7.2) 1. _____ 2. _____ |
| Macroetch Test Results: (Subclause 6.3.7.3) 1. <input type="checkbox"/> Pass <input type="checkbox"/> Fail 2. <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Fillet Weld Test: (Subclause 6.3.7.4) 1. <input type="checkbox"/> Pass <input type="checkbox"/> Fail 2. <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Interpreted by _____ Organization _____ | Test No. _____ Date _____ |

RADIOGRAPHIC TEST RESULTS

| Film Identification | Results | Remarks | Film Identification | Results | Remarks |
|---------------------|---------|---------|---------------------|---------|---------|
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|--|------------------------------|
| Interpreted by _____ Organization _____ | Test No. _____ Date _____ |
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We, the undersigned, certify that the statements in this record are correct and that the welds were prepared and tested in accordance with the requirements of AWS D1.4/D1.4M:2011, *Structural Welding Code—Reinforcing Steel*.

Manufacturer or Contractor _____

Authorized by _____ Date _____

QUALIFICATION RESULTS

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| The Welder/Operator identified above <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT meet the performance qualifications specified in the AWS D1.4/D1.4M:2011 code for the variables stated. |
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