



# WELDER and WELDING OPERATOR PERFORMANCE QUALIFICATION RECORD

<b>Welder's Name:</b>	<b>ATF No:</b>	<b>Test No.</b>
<b>Welder's SS No. XXX-XX-</b>	<b>Date:</b>	<b>Reference WPS No:</b>

VARIABLE	QUALIFICATION TEST DETAIL	QUALIFICATION RANGE*
<b>Code or Specification Used:</b>		
<b>Welding Process and Type:</b>	<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
<b>Backing:</b>	<input type="checkbox"/> Used <input type="checkbox"/> Not Used	Required if used
<b>Base Metal      Spec/P or M-Number</b>		
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		
<b>Filler Metal      Specification No.</b>		
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	
<b>Deposited Weld Metal Thickness</b>		
<b>Current/Polarity &amp; Current Range</b>	Type/Polarity: Range:          Amperes	
<b>Metal Transfer Mode (GMAW or FCAW)</b>		
<b>Torch Shielding Gas</b>	Type:                  Flow:	
<b>Root Shielding Gas</b>	<input type="checkbox"/> NA Type:                  Flow:	
<b>Position(s)</b>	Test Position(s) (1G, 2G, etc.):	Qualified Position(s) (F, H, V, O, or All)
<b>Vertical Progression</b>	<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
<b>Guided mechanical Testing Conducted By:</b>		<b>Date:</b>	
NONDESTRUCTIVE EXAMINATION RESULTS			
<b>Radiographic Results:</b>		<b>Report No.</b>	
<b>Radiographic Testing Conducted By:</b>			
<b>Welding Witnessed By:</b>		<b>Visual Inspection:</b> <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:			
<b>Date Qualified:</b>		<b>ATF Name and Number:</b>	
		<b>Signed By:</b>	
		<b>CWI No.</b>	