

WELDING PROCEDURE SPECIFICATION (WPS) Yes ☐
PREQUALIFIED _____ QUALIFIED BY TESTING _____
or PROCEDURE QUALIFICATION RECORDS (PQR) Yes ☐

Company Name _____
 Welding Process(es) _____
 Supporting PQR No.(s) _____

Identification # _____
 Revision _____ Date _____ By _____
 Authorized by _____ Date _____
 Type—Manual ☐ Semiautomatic ☐
 Machine ☐ Automatic ☐

JOINT DESIGN USED

Type: _____
 Single ☐ Double Weld ☐
 Backing: Yes ☐ No ☐
 Backing Material: _____
 Root Opening _____ Root Face Dimension _____
 Groove Angle: _____ Radius (J-U) _____
 Back Gouging: Yes ☐ No ☐ Method _____

BASE METALS

Material Spec. _____
 Type or Grade _____
 Thickness: Groove _____ Fillet _____
 Diameter (Pipe) _____

FILLER METALS

AWS Specification _____
 AWS Classification _____

SHIELDING

Flux _____ Gas _____
 Composition _____
 Electrode-Flux (Class) _____ Flow Rate _____
 Gas Cup Size _____

PREHEAT

Preheat Temp., Min. _____
 Interpass Temp., Min. _____ Max. _____

POSITION

Position of Groove: _____ Fillet: _____
 Vertical Progression: Up ☐ Down ☐

ELECTRICAL CHARACTERISTICS

Transfer Mode (GMAW) Short-Circuiting ☐
 Globular ☐ Spray ☐
 Current: AC ☐ DCEP ☐ DCEN ☐ Pulsed ☐
 Power Source: CC ☐ CV ☐
 Other _____
 Tungsten Electrode (GTAW)
 Size: _____
 Type: _____

TECHNIQUE

Stringer or Weave Bead: _____
 Multi-pass or Single Pass (per side) _____
 Number of Electrodes _____
 Electrode Spacing Longitudinal _____
 Lateral _____
 Angle _____
 Contact Tube to Work Distance _____
 Peening _____
 Interpass Cleaning: _____

POSTWELD HEAT TREATMENT

Temp. _____
 Time _____

WELDING PROCEDURE

Pass or Weld Layer(s)	Process	Filler Metals		Current		Volts	Travel Speed	Joint Details
		Class	Diam.	Type & Polarity	Amps or Wire Feed Speed			

Procedure Qualification Record (PQR) # _____
Test Results

TENSILE TEST

Specimen No.	Width	Thickness	Area	Ultimate Tensile Load, lb	Ultimate Unit Stress, psi	Character of Failure and Location

GUIDED BEND TEST

Specimen No.	Type of Bend	Result	Remarks

VISUAL INSPECTION

Appearance _____
 Undercut _____
 Piping porosity _____
 Convexity _____
 Test date _____
 Witnessed by _____

Radiographic-ultrasonic examination
 RT report no.: _____ Result _____
 UT report no.: _____ Result _____

FILLET WELD TEST RESULTS

Minimum size multiple pass Maximum size single pass
 Macroetch Macroetch
 1. _____ 3. _____ 1. _____ 3. _____
 2. _____ 2. _____

Other Tests

All-weld-metal tension test

Tensile strength, psi _____
 Yield point/strength, psi _____
 Elongation in 2 in, % _____
 Laboratory test no. _____

Welder's name _____

Clock no. _____ Stamp no. _____

Tests conducted by _____ Laboratory

Test number _____

Per _____

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 Clause 4 of AWS D1.1/D1.1M, (_____) *Structural Welding Code—Steel*.
 (year)

Signed _____
 Manufacturer or Contractor

By _____

Title _____

Date _____