

Project:

Client:

Report No.:

Contractor:

Date:

Ref. Standard:

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Doc. No.:

WELDER PERFORMANCE RECORD

Area/Location:

SL. No.	Welder No.	Welder Name	Total No. of Welded Joints	No. of Joints Radiographed	No. of Accepted Joints	No. of Repaired Joints	Repair Percentage	Remark

Quality Control	TPI Inspection	Client
Name:	Name:	Name:
Sign:	Sign:	Sign:
Date	Date	Date: