

www.Inspection-for-Industry.com Quality Control Form	Project:	
	Client:	Report No.:
WELDER QUALIFICATION RECORD	Contractor:	Date:
	Ref. Standard:	Page 1 of 1
	Doc. No.:	

Personal Identification Welder Name : Date of Birth: Welder Stamp: Employed By:		Certificate No.: Date of Test: Validity: End to Project:	Photo								
Welding Identification Welding Process: WPS No: Reference Standard\Code: PQR No:		Filer Metal(s) Spec. No. (SFA) AWS No. (Class) Electrical Current Type/Polarity: Thk. of Deposited Weld Metal(mm):									
Base Material(s) Metal Spec/Grade: To Metal Spec/Grade: Test Coupon: <input type="checkbox"/> Plate / Pipe <input type="checkbox"/> Out Side Dia. (Inch): Thickness(mm):		Technique String <input type="checkbox"/> Weave <input type="checkbox"/> Bead. Orifice or Gas Cup Size: Initial and Interpass Cleaning (Brushing <input type="checkbox"/> Grinding <input type="checkbox"/> Chemical <input type="checkbox"/> Travel Speed (Cm/min): Welding Position: Welding Progression: Backing: Backing Shielding Gas(s): Time laps Between Passes:									
Joint Type:		Electrical Characteristics: Current: AC <input type="checkbox"/> DC <input type="checkbox"/> Polarity: Voltage(V): Amperage(A): Transfer mode(For GMAW):									
<table border="1"> <thead> <tr> <th>Type of Test</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td>Visual Examination</td> <td></td> </tr> <tr> <td>Radiography Test</td> <td></td> </tr> <tr> <td>Ultrasonic Test</td> <td></td> </tr> </tbody> </table>		Type of Test	Result	Visual Examination		Radiography Test		Ultrasonic Test			
Type of Test	Result										
Visual Examination											
Radiography Test											
Ultrasonic Test											
Result: Accept <input type="checkbox"/> Don't Accept <input type="checkbox"/>											
Comment: **											

Contractor's Qc:	TPI Inspection	Client
Name: Sign: Date	Name: Sign: Date	Name: Sign: Date: