



Welder Qualification Test Record



Welder's Name: _____ SSN or UA Card No: _____ Stamp No: _____
Welder's Home Local: _____ Test Location: _____ City: _____ State: _____

Testing Conditions and Ranges Qualified

Identification of WPS followed during welding of test coupon: UA-46 NCPWB 8-2-1
Specification of Test Coupon Base Metal SA-106 Thickness(in.): 0.344

Welding Variables

Actual Values

Range Qualified

Welding Process(es) used:	SMAW	SMAW
Type of welding (manual, semi-automatic):	Manual	Manual
Base Metal P-Number <u>1</u> to P-Number:	1	P-1 Through P-15F
☐ Plate ☒ Pipe (enter diameter if pipe or tube):	2.375	1" O.D. & over
Backing (metal, weld metal, backwelded, etc):	None	Optional
Filler Metal (SFA) Specification(s) (info. only):	A5.4	
Filler Metal or Electrode Classification(s) (info. only):	E309-17 or E309-16	
Filler Metal or Electrode F-Number:	5	5
Solid, Metal Cored or Flux Cored wire for GTAW:	N/A	N/A
Consumable Insert for GTAW or PAW:	N/A	N/A
Deposit Thickness for each process and variation (in.):	0.344	0.688 Max
Position (2G, 6G, 3F, etc.):	6G	All
Progression (uphill, downhill):	Uphill	Uphill
Fuel Gas for OFW, Backing Gas for GTAW, PAW, GMAW:	N/A	N/A
GMAW Transfer Mode (short circuiting, spray, etc.):	N/A	N/A
GTAW Current Type/Polarity (AC, DCEP, DCEN):	N/A	N/A

* Indicates that at least 3 layers of weld metal were deposited

Testing and Results

Visual Examination of Completed Weld: Acceptable Date of Test: _____

Bend Test ☐ Transverse Root and Face (QW-462.3(a)) ☐ Side (QW-462.2)

Type	Result	Type	Result	Type	Result

Radiographic Examination Results: Acceptable Lab Test No.: _____

Film or Specimens Evaluated By: _____ Title: _____ Company: _____

Contractor/Fabricator's Supervisor: _____ Title: _____ Company: _____

Welding Witnessed by: _____ Title: _____ Company: _____

We certify that the statements in this record are correct and that the test coupons were prepared, welded and tested in accordance with the requirements of Section IX of the ASME Code.

National Certified Pipe

Welding Bureau

Chapter Number: _____

Secretary: _____

Date: _____

Contractor/Fabricator Name

Signature: _____

Date: _____