



# UA WELDER TESTING EVENT INSPECTION REPORT

Session ID Number

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Test Assembly ID Number

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First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

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Last Name

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If at any time during the testing process the ATR determines the welder does not demonstrate the necessary welding skills the test will be terminated.

TEST START TIME: \_\_\_\_\_

TEST COMPLETION TIME: \_\_\_\_\_

## MANDATORY INSPECTION HOLD POINTS

1. Verification of UA Member (Welder) Photo Identification.
2. Verify marking of the test assembly identification number on the test assembly.
3. Verify test assembly is in the required test position.
4. Inspection of test assembly alignment, fit-up and tack welds.  Satisfactory  Unsatisfactory  
Note: Three or four tack welds not greater than 1/2" in length
5. Marking of the letter "T" on the top location of the test assembly.
6. Inspection of root pass (before & after hot pass).  Satisfactory  Unsatisfactory
7. Inspection of intermediate weld passes.  Satisfactory  Unsatisfactory
8. Visual Examination of completed test assembly.  Satisfactory  Unsatisfactory
  - ❖ The completed weld must be left in the "as welded" condition. Absolutely no grinding, filing, or re-welding on the completed weld, failure to comply with this will be cause for immediate rejection of the coupon.
  - ❖ The test coupon shall be thoroughly cleaned with a wire brush on the ID and OD prior to the final visual inspection. After cleaning, the test coupon shall be visually examined over the entire circumference inside and outside. The completed weld shall be uniform without abrupt changes in height or width.
  - ❖ Any of the following weld defects are cause for immediate rejection of a test coupon: Uneven or Meandering Weld Beads, Under-fill, Lack of Fusion, Incomplete Joint Penetration, Cracks, Surface Porosity, Root Concavity, Re-Consuming of Weld Beads, Traces of Slag, Arc Strikes, Undercut (not to exceed 1/32"), Overlap, and Excessive Reinforcement.

We certify that the test coupon was inspected and complies with the criteria listed above:

\_\_\_\_\_  
UA Authorized Test Representative Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Manufacturer/Contractor Representative Signature

\_\_\_\_\_  
Date:

# UA-11 WELD TEST SPECIFICATION

Manual GTAW/SMAW Welding Processes

## MAXIMUM TIME PERMITTED FOR TEST IS 4 HOURS

### PIPE COUPON MATERIAL

Specification of Base Metal(s): SA 106

Pipe Size: NPS 6, Sch. 80 Thickness: 0.432" Wall

### JOINT CONFIGURATION

Single Vee Groove without backing or retainers

Bevel: 35 deg.  $\pm$  5 deg. Land: 0 to  $\frac{1}{8}$ "

Root Gap:  $\frac{1}{16}$ " to  $\frac{5}{32}$ "

Misalignment:  $\frac{1}{16}$ " maximum

### TEST POSITION

6G fixed position, coupon position maintained without rotation or change in height

### WELDING CONDITIONS

#### INITIAL

ER 70S-2  $\frac{3}{32}$ ",  $\frac{1}{8}$ " or  $\frac{5}{32}$ " Diameter

Deposit 0.0625" of ER 70S-2

Amperage Range:  $\frac{3}{32}$ " 65 to 95;  $\frac{1}{8}$ " 75 to 125

Direct Current & Electrode Negative

Pulsing current not permitted

Tungsten: EWTh-2 or EWCe-2,  $\frac{3}{32}$ " or  $\frac{1}{8}$ " Diameter

Cup Size: #4 through #12

Shielding Gas: Argon @ 8 to 35 CFH

Backing Gas or Trailing Gas is not permitted

#### BALANCE

E 7018  $\frac{3}{32}$ ",  $\frac{1}{8}$ " or  $\frac{5}{32}$ " Diameter

Amperage Range:  $\frac{3}{32}$ " 70 to 100;  $\frac{1}{8}$ " 115 to 165;  $\frac{5}{32}$ " 150 to 220

Direct Current & Electrode Positive

### GENERAL WELDING TECHNIQUES

Minimum Preheat of 50° F is required

I.D. Root Penetration: flush to  $\frac{1}{8}$ " maximum

O.D. Reinforcement: flush to  $\frac{1}{8}$ " maximum

Back gouging of welds is not permitted

Uphill progression required

Stringer beads required

Initial & interpass cleaning with brushing & grinding using hand or power tools

The cover pass must merge smoothly with the surface of the base metal and should be approximately  $\frac{1}{8}$ " wider than the width of the original weld joint groove

The completed welds must be left in the "as welded" condition. Absolutely no grinding, filing, or re-welding on the completed weld will be allowed, failure to comply will be cause for immediate rejection of the coupon







# UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
UA Card Number	UA Testing Local	
<input type="text"/>	<input type="text"/>	

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## WELDER CONTINUITY INFORMATION

Indicate the last date the process was used

<b>SMAW</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	*Manual Welding
<b>GTAW</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	*Manual Welding
<b>GMAW</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	*This includes Flux-Cored Arc Welding (FCAW)
<b>Automatic or Machine Welding (GTAW)</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	*This includes Orbital Welding
<b>Torch Brazing</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	*Non Med-Gas

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We certify that the statements made on this record are correct:

_____ Manufacturer/Contractor Company Name	
_____ Manufacturer/Contractor Representative Signature	_____ Date:
_____ Printed Name & Title of Company Representative	
_____ UA Local Union Number	
_____ UA Authorized Test Representative Signature	_____ Date:
_____ Printed Name of UA Authorized Test Representative	

Mail To: The UA Testing Local shown above, ATTN: UA Authorized Testing Representative