

**WELDER, WELDING OPERATOR, OR TACK WELDER QUALIFICATION TEST RECORD**

Type of Welder \_\_\_\_\_  
 Name \_\_\_\_\_ Identification No. \_\_\_\_\_  
 Welding Procedure Specification No. \_\_\_\_\_ Rev \_\_\_\_\_ Date \_\_\_\_\_

	Record Actual Values Used in Qualification	Qualification Range
<b>Variables</b>		
Process/Type [Table 4.12, Item (1)]	_____	
Electrode (single or multiple) [Table 4.12, Item (7)]	_____	
Current/Polarity	_____	
Position [Table 4.12, Item (4)]	_____	
Weld Progression [Table 4.12, Item (5)]	_____	
Backing (YES or NO) [Table 4.12, Item (6)]	_____	
Material/Spec.	_____ to _____	
<b>Base Metal</b>		
Thickness: (Plate)	_____	
Groove	_____	
Fillet	_____	
Thickness: (Pipe/tube)	_____	
Groove	_____	
Fillet	_____	
Diameter: (Pipe)	_____	
Groove	_____	
Fillet	_____	
<b>Filler Metal (Table 4.12)</b>		
Spec. No.	_____	
Class	_____	
F-No. [Table 4.12, Item (2)]	_____	
Gas/Flux Type (Table 4.12)	_____	
Other	_____	

<b>VISUAL INSPECTION (4.8.1)</b>			
Acceptable YES or NO _____			
<b>Guided Bend Test Results (4.30.5)</b>			
Type	Result	Type	Result
<b>Fillet Test Results (4.30.2.3 and 4.30.4.1)</b>			
Appearance _____		Fillet Size _____	
Fracture Test Root Penetration _____		Macroetch _____	
(Describe the location, nature, and size of any crack or tearing of the specimen.)			

Inspected by \_\_\_\_\_ Test Number \_\_\_\_\_  
 Organization \_\_\_\_\_ Date \_\_\_\_\_

<b>RADIOGRAPHIC TEST RESULTS (4.30.3.2)</b>					
Film Identification Number	Results	Remarks	Film Identification Number	Results	Remarks

Interpreted by \_\_\_\_\_ Test Number \_\_\_\_\_  
 Organization \_\_\_\_\_ Date \_\_\_\_\_

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)

Manufacturer or Contractor \_\_\_\_\_ Authorized By \_\_\_\_\_  
 Form N-4 Date \_\_\_\_\_