

Oxyacetylene Weld Test Report

For Welders on Piping Systems Operating at Hoop Stresses of Less Than 20% of the Specified Minimum Yield Strength

Name _____ (Check the Appropriate Box Below)
 Passed * _____ Failed * _____ Date _____
 Last 4 Digits of S.S.# _____
 Classification _____ Area/Location _____

Note: Use a separate test report for each Qualification or Verification. Do not combine a Qualification and Verification Test on a single Test Report.

Visual Test Only – 6-Month Verification of Welding in Qualification Process			
Butt Weld 4.5* OD Spools			
Test Type	Appearance (G) (S) (U)	Remarks (1) – (6)	Test Results (P) (F)
Appearance			

Destructive Test – For Qualification or Requalification					
Butt Weld 4.5* OD Spools					
Test Type Root Bend	Penetration (G) (S) (U)	Fusion (G) (S) (U)	Appearance (G) (S) (U)	Remarks (1) – (6)	Test Results (P) (F)
Bottom					
Side					
Top					
Side					
Branch Connection 3/4* on 2*, 3*, or 4* Header					
Knock Off					
Sleeve Weld 4*					
Appearance					

Key

Use these abbreviations in the "Test Results" column:

P= Pass

F= Fail

Use these abbreviations in the "Penetration," "Fusion," and "Appearance" columns:

G= Good

S= Satisfactory

U= Unsatisfactory

Use these abbreviations in the "Remarks" column, as applicable:

1= Inadequate Penetration

2= Internal Concavity

3= Incomplete Fusion

4= Burn Through

5= Undercutting

6= Crack Greater Than 1/8*

Test Inspector Signature _____

Company Employees Only

Memo to File Complete the memo if the individual has not been qualified or has not performed any welding in the past 6 months.

This memo verifies that the above person did not perform any type of oxyacetylene welding during the past 6 months. Therefore, no test records are required for this period.

Start Date _____	Explanation _____
End Date _____	
Signed By _____	Signature _____