

Arc Weld Test Report – SMAW * or GMAW *

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

Name _____	Division * _____	GC * _____	Contractor * _____
Employee ID# or Last 4 Digits of S.S.# _____	Test Date _____		
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 6.625* OD Spools			
Test Type	Appearance (G) (S) (U)	Remarks (1) – (6)	Test Results (P) (F)
Appearance			

Destructive Test – For Qualification or Requalification					
Butt Weld 6.625* 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 _____

employee's supervisor must be notified of any failure. Supervisor's Name _____ Date Notified _____

Company Employees Only

Memo to File Complete the memo if the individual has not performed any qualification tests or verification welding in the past 6 months.

This memo verifies that the above employee and his/her supervisor were notified the employee is no longer qualified to perform any type of arc welding from the start date listed below until a destructive test is successfully passed. Therefore, no test records are required for this period.

Please provide a brief explanation of reason for expired qualification.

Start Date _____ Explanation _____

Signed By _____ Signature _____