

Oxyacetylene Weld Test Report

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 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 _____

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 oxyacetylene 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 _____