

### Procedure Qualification Record (PQR)

**TENSILE TEST**

Specimen No.	Width, in [mm]	Thickness, in [mm]	Area, in [mm <sup>2</sup> ]	Ultimate Tensile Load, lb [kg]	Ultimate unit Stress, psi [MPa]	Character of Failure and Location

**BEND TEST**

Specimen No.	Type of bend	Result	Remarks

**VISUAL INSPECTION: Visual Inspection per Clause 7 of AWS D17.1/D17.1M**

Table 7.1 \_\_\_\_\_ Radiographic-Ultrasonic Examination  
 Pass \_\_\_\_\_ RT Report no. \_\_\_\_\_ Result \_\_\_\_\_  
 Fail \_\_\_\_\_ UT Report no. \_\_\_\_\_ Result \_\_\_\_\_  
 Appearance \_\_\_\_\_

**FILLET WELD TEST RESULTS**

Minimum Size Multiple Pass      Maximum Size Single Pass  
 Macro-etch      Macro-etch  
 1 \_\_\_\_\_ 3 \_\_\_\_\_ 1 \_\_\_\_\_ 3 \_\_\_\_\_  
 2 \_\_\_\_\_ 4 \_\_\_\_\_ 2 \_\_\_\_\_ 4 \_\_\_\_\_

Other Tests (as applicable):

Magnetic Particle (MT) \_\_\_\_\_  
 Dye Penetrant \_\_\_\_\_

Welder's Name \_\_\_\_\_ ID # \_\_\_\_\_ Stamp # \_\_\_\_\_

Tests Conducted by \_\_\_\_\_ Laboratory: \_\_\_\_\_  
 Test Number \_\_\_\_\_  
 Per \_\_\_\_\_

The undersigned hereby certifies that the requirements in this record are correct and that the test welds were prepared, welded, and tested in accordance with the requirements of AWS D17.1.

Signed \_\_\_\_\_  
Manufacturer or Contractor  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

**Figure 5.14—Procedure Qualification Record (PQR) Form**