

**Sample PQR Form (GMAW & FCAW – page 1)
PROCEDURE QUALIFICATION RECORD (PQR)**

| | | | |
|--------------|---------|----------|------|
| Company Name | PQR No. | Rev. No. | Date |
|--------------|---------|----------|------|

| BASE METALS | Specification | Type or Grade | AWS Group No. | Thickness | Size (NPS) | Schedule | Diameter |
|------------------|---------------|---------------|---------------|-----------|------------|----------|----------|
| Base Material | | | | | | | |
| Welded To | | | | | | | |
| Backing Material | | | | | | | |
| Other | | | | | | | |

| JOINT DETAILS | |
|--------------------|--|
| Groove Type | |
| Groove Angle | |
| Root Opening | |
| Root Face | |
| Backgouging | |
| Method | |

| JOINT DETAILS (Sketch) |
|------------------------|
| |

| POSTWELD HEAT TREATMENT | |
|-------------------------|--|
| Temperature | |
| Time at Temperature | |
| Other | |

| PROCEDURE | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Weld Layer(s) | | | | | | | | |
| Weld Pass(es) | | | | | | | | |
| Process | | | | | | | | |
| Type (<i>Semiautomatic, Mechanized, etc.</i>) | | | | | | | | |
| Position | | | | | | | | |
| Vertical Progression | | | | | | | | |
| Filler Metal (AWS Spec.) | | | | | | | | |
| AWS Classification | | | | | | | | |
| Diameter | | | | | | | | |
| Manufacturer/Trade Name | | | | | | | | |
| Shielding Gas Composition | | | | | | | | |
| Flow Rate | | | | | | | | |
| Nozzle Size | | | | | | | | |
| Preheat Temperature | | | | | | | | |
| Interpass Temperature | | | | | | | | |
| Electrical Characteristics | — | — | — | — | — | — | — | — |
| Current Type & Polarity | | | | | | | | |
| Transfer Mode (GMAW) | | | | | | | | |
| Power Source Type (<i>cc, cv, etc.</i>) | | | | | | | | |
| Amps | | | | | | | | |
| Volts | | | | | | | | |
| Wire Feed Speed | | | | | | | | |
| Travel Speed | | | | | | | | |
| Maximum Heat Input | | | | | | | | |
| Technique | — | — | — | — | — | — | — | — |
| Stringer or Weave | | | | | | | | |
| Multi or Single Pass (per side) | | | | | | | | |
| Oscillation (<i>Mechanized/Automatic</i>) | | | | | | | | |
| Traverse Length | | | | | | | | |
| Traverse Speed | | | | | | | | |
| Dwell Time | | | | | | | | |
| Number of Electrodes | | | | | | | | |
| Contact Tube to Work Dist. | | | | | | | | |
| Peening | | | | | | | | |
| Interpass Cleaning | | | | | | | | |
| Other | | | | | | | | |

**Sample PQR Form (Test Results – page 2)
PROCEDURE QUALIFICATION RECORD (PQR) TEST RESULTS**

PQR No. _____ Rev. No. _____

TESTS

| ✓ | Type of Tests | Clause/Figure(s) Reference | Acceptance Criteria | Result | Remarks |
|---|---------------------------|-----------------------------|---------------------|--------|---------|
| | Visual Inspection | 4.9.1 | 4.9.1 | | |
| | Radiographic Examination | 4.9.2.1 | 4.9.2.2 | | |
| | Ultrasonic Testing | 4.9.2.1 | 4.9.2.2 | | |
| | 2 Transverse Root Bends | 4.9.3.1/Fig. 4.8 | 4.9.3.3 | | |
| | 2 Transverse Face Bends | 4.9.3.1/Fig. 4.8 | 4.9.3.3 | | |
| | 2 Longitudinal Root Bends | 4.9.3.1/Fig. 4.8 | 4.9.3.3 | | |
| | 2 Longitudinal Face Bends | 4.9.3.1/Fig. 4.8 | 4.9.3.3 | | |
| | 2 Side Bends | 4.9.3.1/Fig. 4.9 | 4.9.3.3 | | |
| | 4 Side Bends | 4.9.3.1/Fig. 4.9 | 4.9.3.3 | | |
| | 2 Tensile Tests | 4.9.3.4/Fig. 4.10 | 4.9.3.5 | | |
| | All-Weld-Metal Tensions | 4.9.3.6/Figs. 4.14 and 4.18 | 4.14.1.3(b) | | |
| | 3 Macroetch | 4.9.4 | 4.9.4.1 | | |
| | 4 Macroetch | 4.9.4 | 4.9.4.1 | | |
| | CVN Tests | 4 Part D/Fig. 4.28 | 4.30 and Table 4.14 | | |

TENSILE TEST DETAILS

| Specimen Number | Width | Thickness | Area | Ultimate Tensile Load | Ultimate Unit Stress | Type of Failure and Location |
|-----------------|-------|-----------|------|-----------------------|----------------------|------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

TOUGHNESS TEST DETAILS

| Specimen Number | Notch Location | Specimen Size | Test Temperature | Absorbed Energy | Percent Shear | Lateral Expansion | Average |
|-----------------|----------------|---------------|------------------|-----------------|---------------|-------------------|---------|
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CERTIFICATION

| | | | | |
|---------------|-----------|--------------|--------------------|--|
| Welder's Name | ID Number | Stamp Number | Tests Conducted by | |
| | | | Laboratory | |
| | | | Test Number | |
| | | | File Number | |

We, the undersigned, certify that the statements in this record are correct and that the test welds were prepared, welded, and tested in accordance with the requirements of Clause 4 of AWS D1.1/D1.1M, (_____) *Structural Welding Code—Steel*.
(year)

| | |
|-------|-----------|
| Title | |
| Name | Signature |
| Date | |
| | |