

**QUALIFICATION TEST RECORD**

Name: \_\_\_\_\_ Id \_\_\_\_\_  
 Joint welding procedure: \_\_\_\_\_ Welder  Welding operator

**TEST-WELD**

Base metal description: \_\_\_\_\_ Group No. \_\_\_\_\_  
 Welding process: \_\_\_\_\_ Single weld  Double weld   
 Current: AC  DCEN  DCEP  Backing: Yes  No   
 Vertical: Down  Up  Penetration: Complete  Partial   

	Position		Dimension, in [mm]
Sheet groove	1G <input type="checkbox"/> 2G <input type="checkbox"/> 3G <input type="checkbox"/> 4G <input type="checkbox"/>		T _____
Tube groove	1G <input type="checkbox"/> 2G <input type="checkbox"/> 5G <input type="checkbox"/> 6G <input type="checkbox"/>	O.D. _____	T _____
Sheet fillet	1F <input type="checkbox"/> 2F <input type="checkbox"/> 3F <input type="checkbox"/> 4F <input type="checkbox"/>		T _____
Tube fillet	1F <input type="checkbox"/> 2F <input type="checkbox"/> 4F <input type="checkbox"/> 5F <input type="checkbox"/>	O.D. _____	T _____

**TEST RESULTS**

Visual Pass  Fail   
 Radiographic NA  Pass  Fail   
 Metallographic NA  Pass  Fail   
 Bend NA  Pass  Fail

**QUALIFIED**

Base Metal Group No. \_\_\_\_\_ Single weld  Double weld   
 Current: AC  DCEN  DCEP  Backing: With  Without   
 Vertical: Down  Up  Penetration: Complete  Partial   

		T, in [min]		O. D., in [mm]
	Position	Min	Max	Min
Sheet groove	1G <input type="checkbox"/> 2G <input type="checkbox"/> 3G <input type="checkbox"/> 4G <input type="checkbox"/>	_____	_____	
Tube groove	1G <input type="checkbox"/> 2G <input type="checkbox"/> 5G <input type="checkbox"/> 6G <input type="checkbox"/>	_____	_____	_____
Sheet fillet	1F <input type="checkbox"/> 2F <input type="checkbox"/> 3F <input type="checkbox"/> 4F <input type="checkbox"/>	_____	_____	
Tube fillet	1F <input type="checkbox"/> 2F <input type="checkbox"/> 4F <input type="checkbox"/> 5F <input type="checkbox"/>	_____	_____	_____

Restrictions: \_\_\_\_\_

The above named individual is qualified in accordance with AWS D17.1 within the above limits for the welding process used for this test weld.

Date of Test Weld: \_\_\_\_\_ Signed by: \_\_\_\_\_  
Qualifier

**Figure 5.1—Suggested Test Record Form**