EVERSOURCE

WELDER QUALIFICATION TEST

Welder Name: Brandon Toussaint **ID/Mark:** BT **Test Location:** Barrington, NH

☐ **Company Welder–Location:** **Proj Description:** Requalification

☒ **Contract Welder–Employer:** Anderson Welding **Proj ID** :

Welding Information

Welding Code:		**Welding Performed:**	**Welding Time:**
☒ API 1104 ☐ ASME Sec. 9		☒ Inside ☐ Outside	hr:min
Welding Process:	**Wldg Proc. #'s:**	**Pipe Diameter:**	**Pipe Spec & Grade:**
☒ SMAW ☐ Other	Butt: NGA-SMA-42-B-H-2	6.625 " OD x .280 " w.t.	API 5L X-42
H-2(Specify Other):			API 5L X-42

Pass	Rod Dia. / Type	Type of Test	Welding Direction
Root	1/8" / E6010	☒ Butt Weld	☒ Downhill
Hot Pass	1/8" / E7010	☐ Branch Weld	☐ Uphill
	5/32" / E7010	☐ Low Hydrogen	
Cap	5/32" / E7010	☐ Multiple Qualification	☐ Single Qualification

Visual Inspection: ☐ Unacceptable due to: ☒ Acceptable

A. Destructive Test Results

Tensile Test

Coupon Stenciled >	1	2	3	4
Coupon Width (Orig) – W – inch	N/A			
Coupon Thickness (Orig) – T – inch	N/A			
Orig. Area; Plate (in^2) – WxT	N/A			
Maximum Load (psig) - #	N/A			
Tensile Strength / sq. in. – (# / WxT)	N/A			
Fracture Location (pipe, weld)	N/A			

Comments:

1 - ☐ Acceptable ☐ Unacceptable	N/A
2 - ☐ Acceptable ☐ Unacceptable	N/A
3 - ☐ Acceptable ☐ Unacceptable	N/A
4 - ☐ Acceptable ☐ Unacceptable	N/A

Bend Test

Test #1	**Test #2**
Root/Side: 1 - ☐ Acceptable ☐ Unacceptable	Root/Side: 1 - ☐ Acceptable ☐ Unacceptable
Root/Side: 2 - ☐ Acceptable ☐ Unacceptable	Root/Side: 2 - ☐ Acceptable ☐ Unacceptable
Face/Side: 3 - ☐ Acceptable ☐ Unacceptable	Face/Side: 3 - ☐ Acceptable ☐ Unacceptable
Face/Side: 4 - ☐ Acceptable ☐ Unacceptable	Face/Side: 4 - ☐ Acceptable ☐ Unacceptable

Nick Break Test

Butt Weld:	**Branch Weld:**
1 - ☐ Acceptable ☐ Unacceptable	1 - ☐ Acceptable ☐ Unacceptable
2 - ☐ Acceptable ☐ Unacceptable	2 - ☐ Acceptable ☐ Unacceptable
3 - ☐ Acceptable ☐ Unacceptable	3 - ☐ Acceptable ☐ Unacceptable
4 - ☐ Acceptable ☐ Unacceptable	4 - ☐ Acceptable ☐ Unacceptable
Miscellaneous Remarks on Test and / or Welder:	

B. Radiographic Test Results (Attach copy of Radiographic Inspection Report)

☒ Acceptable ☐ Unacceptable	Report Date: **3/10/21**	X-Ray Company: **JDH Inspection**

C. Test Result

☐ **Qualifying**	☒ **Acceptable**
☒ **Re-qualify**	☐ **Unacceptable**

Tested By: **JDH Inspection** **Date:** **2/27/23**

Signed: [signature] **Date:** **2/27/23**

Company Representative