

Welder Name: Brandon Toussaint ID/Mark: BT Test Location: Barrington, NH
☐ Company Welder-Location: _____ Proj Description: _____
☒ Contract Welder-Employer: Anderson Welding Proj ID: _____

Welding Information	Welding Code: ☒ API 1104 ☐ ASME Sec. 9		Welding Performed: ☒ Inside ☐ Outside		Welding Time: 2 hrs	
	Welding Process: ☒ SMAW ☐ Other		Wldg Proc. #'s: Butt: <u>NGA-SMA-52-B-H-2</u>		Pipe Diameter: <u>8.625</u> " OD x <u>.322</u> " w.t.	
	Pipe Spec & Grade: <u>API 5L</u> <u>X-52</u>					
	H-2(Specify Other):				<u>API 5L</u> <u>X-42</u>	

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

Visual Inspection: ☐ Unacceptable due to: _____
☒ Acceptable

A. Destructive Test Results

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

Comments:

1 - ☐ Acceptable ☐ Unacceptable	
2 - ☐ Acceptable ☐ Unacceptable	
3 - ☐ Acceptable ☐ Unacceptable	
4 - ☐ Acceptable ☐ Unacceptable	

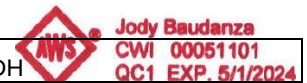
	Test #1	Test #2
Bend Test	Root/Side: 1 - ☐ Acceptable ☐ Unacceptable	Root/Side: 1 - ☐ Acceptable ☐ Unacceptable
	Root/Side: 2 - ☐ Acceptable ☐ Unacceptable	Root/Side: 2 - ☐ Acceptable ☐ Unacceptable
	Face/Side: 3 - ☐ Acceptable ☐ Unacceptable	Face/Side: 3 - ☐ Acceptable ☐ Unacceptable
	Face/Side: 4 -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

	Butt Weld:	Branch Weld:
Nick Break Test	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: <u>N/A</u>	X-Ray Company: <u>JDH</u>
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C. Test Result

☐ Qualifying	☒ Acceptable	Tested By: <u>Jody Baudanza from JDHIS</u> Signed: _____ Company Representative	Date: <u>12/19/2022</u>
☒ Re-qualify	☐ Unacceptable		Date: <u>12/19/2022</u>