EVERSOURCE

WELDER QUALIFICATION TEST

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

Tensile Test

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	

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: **N/A**	X-Ray Company: JDH

Jody Baudanza
CWI 00051101
QC1 EXP. 5/1/2024

C. Test Result

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

Tested By: Jody Baudanza from JDHIS **Date:** 12/19/2022

Signed: **Date:** 12/19/2022

Company Representative