

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

Welding Information	Welding Code: ☒ API 1104 ☐ ASME Sec. 9		Welding Performed: ☒ Inside ☒ Outside		Welding Time: _ hr:min	
	Welding Process: ☒ SMAW ☐ Other		Wldg Proc. #'s: Butt: NGA-SMA-52-B-H-2 Branch: NGA-SMA-42-F-H-2		Pipe Diameter: 6.625" OD x .280" w.t.	
	H-2(Specify Other):		N/A		Pipe Spec & Grade: API 5L X-52	
					API 5L X-52	

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

Jason T. Vires
CWI 18088041
QC1 EXP. 9/1/2024

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

☒ Acceptable ☐ Unacceptable	Report Date: <u>6-21-22</u>	X-Ray Company: <u>JDH Inspection</u>
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C. Test Result

☐ Qualifying ☒ Acceptable	Tested By: <u>Jason Vires from JDHIS</u>	Date: <u>6/21/2022</u>
☒ Re-qualify ☐ Unacceptable	Signed: _____	Date: <u>6/21/2022</u>
Company Representative		