

Welder Name: Erik Gosselin ID/Mark: EG Test Location: Barrington, NH
☐ Company Welder-Location: Proj Description: Requalification
☒ Contract Welder-Employer: Anderson Welding 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: <u>Butt: NGA-SMA-42-B-H-2</u>		Pipe Diameter: <u>6.625</u> " OD x <u>.280</u> " w.t.	
	H-2(Specify Other): <u></u>				Pipe Spec & Grade: <u>API 5L</u> <u>X-42</u>	
					<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
		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				

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>3/10/21</u>	X-Ray Company: <u>JDH Inspection</u>
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C. Test Result

☐ Qualifying	☒ Acceptable	Tested By: <u>JDH Inspection</u>	Date: <u>2/27/23</u>
☒ Re-qualify	☐ Unacceptable	Signed: <u>[Signature]</u>	Date: <u>2/27/23</u>
		Company Representative	