

Welder Name: Jesse Anderson **ID/Mark:** JA **Test Location:** Barrington NH
☐ **Company Welder–Location:** _____ **Proj Description:** Welder Re-Qual
☒ **Contract Welder–Employer:** Anderson Welding **Proj ID :** Re-Qual

Welding Information	Welding Code: <input checked="" type="checkbox"/> API 1104 <input type="checkbox"/> ASME Sec. 9		Welding Performed: <input type="checkbox"/> Inside <input checked="" type="checkbox"/> Outside		Welding Time: _ 1 hr:min	
	Welding Process: <input checked="" type="checkbox"/> SMAW <input type="checkbox"/> Other (Specify Other):		Wldg Proc. #'s: <u>Butt: Re Qual</u> <u>Sleeve:</u>		Pipe Spec & Grade: <u>API 5L-X52</u> <u>GR. B</u>	
	Welding Direction		Type of Test		Visual Inspection:	
	<input checked="" type="checkbox"/> Downhill <input type="checkbox"/> Uphill		<input checked="" type="checkbox"/> Butt Weld <input type="checkbox"/> Branch Weld <input type="checkbox"/> Low Hydrogen <input type="checkbox"/> Multiple Qualification		<input type="checkbox"/> Unacceptable due to: N/A <input checked="" type="checkbox"/> Acceptable	
	Root 1/8" / E6010		Hot Pass 1/8" / E6010		Filler Passes 5/32" / E7010	

A. Destructive Test Results

Destructive Test Results		1	2	3	4
Tensile Test	Coupon Stenciled >				
	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 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable					
2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable					
3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable					
4 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable					

Bend Test

Test #1	Test #2
Root/Side: 1 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Root/Side: 1 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
Root/Side: 2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Root/Side: 2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
Face/Side: 3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Face/Side: 3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
Face/Side: 4 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Face/Side: 4 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable

Nick Break Test

Sleeve Weld: Nick		Sleeve Weld: Face – Root Bend	
1 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	1 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable		
2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable		
3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	3 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable		
4 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	4 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable		
Miscellaneous Remarks on Test and / or Welder:	N/A		

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

<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Report Date: 7/26/21	X-Ray Company: JDH
--	----------------------	--------------------

C. Test Result

<input type="checkbox"/> Qualifying	<input checked="" type="checkbox"/> Acceptable
<input checked="" type="checkbox"/> Re-qualify	<input type="checkbox"/> Unacceptable

Tested By: JDH Inspection Services

Date: 7/26/2021

Signed:

Date: 7/26/2021

Company Representative