

Welder Name: Jesse Anderson ID/Mark: JA8658 Test Location: Nashua 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: _ hr: min	
	Welding Process: ☒ SMAW ☐ Other		Wldg Proc. #'s: Butt: NGA-SMA-60-B-H-2 Branch: NGA-SMA-42-F-H-2		Pipe Diameter: 12.75" OD x .250" w.t. 12.75" OD x .250" w.t.	
	H-2(Specify Other): _____				Pipe Spec & Grade: API 5L X-42 API 5L X-42	

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

Coupon Stenciled >	1	2	3	4
Coupon Width (Orig) – W – inch	1.049	1.075		
Coupon Thickness (Orig) – T – inch	0.253	0.253		
Orig. Area; Plate (in ²) – WxT	0.265	0.272		
Maximum Load (psig) - #	18,250	18,350		
Tensile Strength / sq. in. – (# / WxT)	68,868	67,463		
Fracture Location (pipe, weld)	Pipe	Pipe		

Comments:

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

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

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: <u>N/A</u>	X-Ray Company: <u>N/A</u>
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C. Test Result

☒ Qualifying	☒ Acceptable
☐ Re-qualify	☐ Unacceptable

Tested By: Jody Baudanza from JDHIS

Signed: [Signature]
Company Representative

Date: 3/5/2021

Date: 3/5/2021