

Welder Name: Jesse Anderson ID/Mark: JA8658 Test Location: Barrington, 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: <u>12.75</u> " OD x <u>.250</u> " w.t. <u>12.75</u> " OD x <u>.250</u> " w.t.	
	H-2(Specify Other): _____				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	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	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

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:

RT Report 21-0691

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

Date: 7/26/2021

Signed: [Signature]
Company Representative

Date: 7/26/2021

