

**Welder Name:** Adrian Hill      **ID/Mark:** AH      **Test Location:** Barrington, NH  
 **Company Welder–Location:** \_\_\_\_\_      **Proj Description:** Requalification  
 **Contract Welder–Employer:** Anderson Welding      **Proj ID :** \_\_\_\_\_

Welding Information	<b>Welding Code:</b> <input checked="" type="checkbox"/> API 1104 <input type="checkbox"/> ASME Sec. 9		<b>Welding Performed:</b> <input checked="" type="checkbox"/> Inside <input type="checkbox"/> Outside		<b>Welding Time:</b> ____ hr:____ min	
	<b>Welding Process:</b> <input checked="" type="checkbox"/> SMAW <input type="checkbox"/> Other		<b>Wldg Proc. #'s:</b> <u>Butt: NGA-SMA-42-B-H-2</u>		<b>Pipe Diameter:</b> <u>6.625 " OD x .280 " w.t.</u>	
	<b>H-2(Specify Other):</b> _____		_____		<b>Pipe Spec &amp; Grade:</b> <u>API 5L      X-42</u>	
	_____		_____		<u>API 5L      X-42</u>	
	<b>Pass</b>		<b>Rod Dia.</b>		<b>Type of Test</b>	
Root		1/8" / E6010		<input checked="" type="checkbox"/> Butt Weld		
Hot Pass		1/8" / E7010		<input type="checkbox"/> Branch Weld		
		5/32" / E7010		<input type="checkbox"/> Low Hydrogen		
Cap		5/32" / E7010		<input type="checkbox"/> Multiple Qualification		
				<input type="checkbox"/> Single Qualification		
<b>Visual Inspection:</b>		<input type="checkbox"/> Unacceptable due to:				
		<input checked="" type="checkbox"/> Acceptable				

**A. Destructive Test Results**

Tensile Test	<b>Coupon Stenciled &gt;</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
	Coupon Width (Orig) – W – inch		N/A				
	Coupon Thickness (Orig) – T – inch		N/A				
	Orig. Area; Plate (in <sup>2</sup> ) – WxT		N/A				
	Maximum Load (psig) - #		N/A				
	Tensile Strength / sq. in. – (# / WxT)		N/A				
	Fracture Location (pipe, weld)		N/A				
	<b>Comments:</b>						
	1 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable		N/A				
	2 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable		N/A				

Bend Test	<b>Test #1</b>				<b>Test #2</b>			
	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	
	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	<b>Butt Weld:</b>				<b>Branch Weld:</b>			
	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	
	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	
	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	
	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: \_\_\_\_\_

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

<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Report Date: <u>3/10/21</u>	X-Ray Company: <u>JDH Inspection</u>
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**C. Test Result**

<input type="checkbox"/> Qualifying	<input checked="" type="checkbox"/> Acceptable	Tested By: <u>JDH Inspection</u>	Date: <u>2/27/23</u>
<input checked="" type="checkbox"/> Re-qualify	<input type="checkbox"/> Unacceptable		Signed: <u>[Signature]</u>

Company Representative