

Welder Name: Adrian Hill ID/Mark: AH Test Location: Nashua NH  
 Company Welder-Location: \_\_\_\_\_ Proj Description: \_\_\_\_\_  
 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 checked="" 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> Butt: <u>NGA-SMA-52-B-H-2</u>		<b>Pipe Diameter:</b> <u>3.500</u> " OD x <u>.300</u> " w.t.	
	H-2(Specify Other): _____				<b>Pipe Spec &amp; Grade:</b> <u>API 5L</u> <u>X-52</u>	
					<u>API 5L</u> <u>X-42</u>	

Pass	Rod Dia.	Type	Type of Test	Welding Direction
Root	1/8"	E6010	<input checked="" type="checkbox"/> Butt Weld	<input checked="" type="checkbox"/> Downhill
Hot Pass	1/8"	E7010	<input type="checkbox"/> Branch Weld	<input type="checkbox"/> Uphill
Filler Passes	1/8"	E7010	<input type="checkbox"/> Low Hydrogen	
Cap	5/32"	E7010	<input type="checkbox"/> Multiple Qualification	<input type="checkbox"/> Single Qualification

**Visual Inspection:**     Unacceptable due to:  
 Acceptable

**A. Destructive Test Results**

Coupon Stenciled >	1	2	3	4
Coupon Width (Orig) – W – inch				
Coupon Thickness (Orig) – T – inch				
Orig. Area; Plate (in <sup>2</sup> ) – 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	

	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: 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	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: 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

	Butt Weld:	Branch Weld:
1 - <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	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
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

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>N/A</u>	X-Ray Company: <u>JDH</u>	<b>Jody Baudanza</b> CWI 00051101 QC1 EXP. 5/1/2024
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**C. Test Result**

<input type="checkbox"/> Qualifying	<input checked="" type="checkbox"/> Acceptable	Tested By: <u>Jody Baudanza from JDHIS</u>	Date: <u>9/20/2022</u>
<input checked="" type="checkbox"/> Re-qualify	<input type="checkbox"/> Unacceptable		Signed: Company Representative