SKYTESTING inc.

WELDER QUALIFICATION TEST

Welder Name: Chris Nadeau ID/Mark: Test Location: Barrington NH

☐ Company Welder–Location: Proj Description:

☒ Contract Welder–Employer: AWCO Proj ID :

Welding Information

Welding Code:		Welding Performed:	Welding Time:
☒ API 1104 ☐ ASME Sec. 9		☐ Inside ☒ Outside	4:22/3:55 hr:min
Welding Process:	**Wldg Proc. #'s:**	**Pipe Diameter:**	**Pipe Spec & Grade:**
☒ SMAW ☐ Other	Butt: NGA-SMA-42-B-H-2	12.750 " OD x .375 " w.t.	API 5L X42 API 5L X42
(Specify Other):	Branch: NGA-SMA-42-F-H-2	12.750 " OD x .375 " w.t.	API 5L X42 API 5L X42

Pass	Rod Dia. / Type	Type of Test	Welding Direction
Root	.125" / E6010	☒ Butt Weld	☒ Downhill
Hot Pass	.125" / E6010	☒ Branch Weld	☐ Uphill
Filler Passes	.156" / E6010	☐ Low Hydrogen	
Cap	.156" / E6010	☒ Multiple Qualification	X Single Qualification

Visual Inspection: ☐ Unacceptable due to: ☒ Acceptable

A. Destructive Test Results

Tensile Test

Coupon Stenciled >	1	2	3	4
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 - ☐ Acceptable ☐ Unacceptable	
2 - ☐ Acceptable ☐ Unacceptable	
3 - ☐ Acceptable ☐ Unacceptable	
4 - ☐ Acceptable ☐ Unacceptable	

Bend Test

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

Nick Break Test

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: 12/12/2023 | X-Ray Company: SKY TESTING

C. Test Result

☒ Qualifying ☒ Acceptable

☐ Re-qualify ☐ Unacceptable

Tested By: Keith Daley Date: 12/12/2023

Signed: Date:

Company Representative

Keith M Daley
CWI 23031571
QC1 EXP. 3/1/2026