



PROCEDURE QUALIFICATION RECORDS (PQR)

QW-483 (Front)

PQR No. _____

Date: _____

WPS No.: _____

Type(s): _____

Welding Process(es): _____

(Manual, Automatic, Semi-Auto)

JOINTS (QW-402)

Groove Design of Test Coupon

(For combination qualifications, the deposited weld metal thickness shall be recorded for each filler metal or process used.)

BASE METALS (QW-403)

Material Spec. _____

Type or Grade _____

P-No. _____ to P-No. _____

Thickness of Test Coupon _____

Diameter of Test Coupon _____

Other _____

POSTWELD HEAT TREATMENT (QW-407)

Temperature _____

Time _____

Other _____

GAS (QW-408)

	Percent Composition		
	Gas(es)	(Mixture)	Flow Rate
Shielding	_____	_____	_____
Trailing	_____	_____	_____
Backing	_____	_____	_____

FILLER METALS (QW-404)

SFA Specification _____

AWS Classification _____

Filler Metal F-No. _____

Weld Metal Analysis A-No. _____

Size of Filler Metal _____

Other _____

Weld Metal Thickness _____

ELECTRICAL CHARACTERISTICS (QW-409)

Current _____

Polarity _____

Amps. _____ Volts _____

Tungsten Electrode Size _____

Other _____

POSITION (QW-405)

Position of Groove _____

Weld Progression (Uphill, Downhill) _____

Other _____

TECHNIQUE (WQ-410)

Travel Speed _____

String or Weave Bead _____

Oscillation _____

Multipass or Single Pass (per side) _____

Single or Multiple Electrodes _____

Other _____

PREHEAT (QW-406)

Preheat Temp. _____

Interpass Temp. _____

Other _____

QW-483 (Back)

PQR No. _____

Tensile Test (QW-150)

Specimen No.	Width	Thickness	Area	Ultimate Total Load lb	Ultimate Unit Stress psi	Type of Failure & Location

Guided-Bend Tests (QW-160)

Type and Figure No.	Result

Toughness Tests (QW-170)

Specimen No.	Notch Location	Specimen Size	Test Temp.	Impact Values			Drop Weight Break (Y/N)
				ft. lb	% Shear	Mils	

Fillet-Weld Test (QW-180)

Result – Satisfactory: Yes _____ No _____ Penetration into Parent Metal: Yes _____ No _____

Macro – Results _____

Other Tests

Type of Test _____

Deposit Analysis _____

Other _____

Welder's Name _____ Clock No. _____ Stamp No. _____

Test conducted by: _____ Laboratory Test No. _____

We certify that the statements in this record are correct and that the test welds were prepared, welded, and tested in accordance with the requirements of Section IX of the ASME Code.

Manufacturer _____

Date _____ By _____

(Detail of record of tests are illustrative only and may be modified to conform to the type and number of tests required by the Code.)