

Procedure Qualification Submission

Company:		Test Date:	
Welder (full name):			
Welder ID or STAMP#:			
Welding Procedure Specification No:			
CODE:	<input type="checkbox"/> AWS	<input type="checkbox"/> ASME	<input type="checkbox"/> API <input type="checkbox"/> Other
WELDING PROCESS:	<input type="checkbox"/> FCAW	<input type="checkbox"/> SMAW	<input type="checkbox"/> GTAW
GMAW (select one)	<input type="checkbox"/> Short Circuit	<input type="checkbox"/> Spray Arc	<input type="checkbox"/> Globular <input type="checkbox"/> Pulsed
NOTE: GMAW Short Circuit REQUIRES Destructive Testing			
SAW (select two - one from each line)	<input type="checkbox"/> Direct	OR	<input type="checkbox"/> Remote Visual
	<input type="checkbox"/> Manual	OR	<input type="checkbox"/> Auto Track
MATERIAL:	Type: <input type="checkbox"/>	Grade: <input type="checkbox"/>	
WELDING POSITION – PLATE:	<input type="checkbox"/> Flat	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical <input type="checkbox"/> Overhead
PIPE:	<input type="checkbox"/> 1GR	<input type="checkbox"/> 5G	<input type="checkbox"/> 6G
Welding Test Witnessed By:	<input type="checkbox"/>		Title: <input type="checkbox"/>
Contact Person:	<input type="checkbox"/>		Phone: <input type="checkbox"/>
Comments:	<input type="checkbox"/>		
<input type="checkbox"/>			
<input type="checkbox"/>			
<i>Do you want your samples returned?</i>			

DO NOT WRITE IN THIS BOX: WORLD TESTING USE ONLY			
Date Received:		Time:	
World Testing Lab/NDT/DST Number:	<input type="checkbox"/>		
Received By:	<input type="checkbox"/>		