

EARLBECK

TECHNICAL CENTER

8204 PULASKI HIGHWAY BALTIMORE, MARYLAND 21237

PHONE (410) 687-8400 * (800) 296-WELD * FAX (410) 687-1394

SEND IN WELDING QUALIFICATION TEST DATA

CUSTOMER (Name and Address)	WELDER (Name and Last 4 digits of SS Number)

YOUR Welding Procedure # WELDER TEST PROCEDURE TEST

CODE: ASME IX D1.1 D1.6 D17.1 OTHER _____

PROCESS: STICK TIG MIG OTHER _____

GAS: (Shield/backing/trailing) _____

BASE METAL

SPEC. (A36, A106, etc.)	GRADE (Gr. B, Ty304, etc)	THICKNESS	DIAMETER	COMMENTS

FILLER METAL

SPEC (A5.1, etc)	TYPE (E7018, ER70S-6, etc)	DIAMETER	COMMENTS

POSITION(s) _____ CURRENT: AC DC ELEC. POS. DC ELEC. NEG.

VOLTS _____ AMPS _____ NON-PULSED PULSED

For welding procedure tests you also need to attach documentation of joint design, (including bevel angle, land, root opening, gouging etc.) and parameters for each pass (amps, volts, travel speed, preheat and interpass temperatures. Travel speed may be recorded as XX inches welded in XX seconds)

WITNESSED BY _____ EARLBECK CONTACT _____

To be filled out by Earlbeck Technical Center only					ETL # _____	
Visual examination _____						
SAMPLE #	TYPE	PASS	FAIL	GUIDED BEND TESTS	COMMENTS	
TENSILE TESTS						
SAMPLE #	WIDTH	THICK.	AREA	LOAD	UTS	LOCATION
MONITORED By _____			TESTING COMPLETED DATE _____			
SEND IN REC'D. DATE _____			PAPERWORK COMPLETED DATE _____			
Comments _____						