

SEND-IN BRAZER QUALIFICATION TEST DATA SHEET

Shaded areas for Earlbeck Use Only			
Received Date _____	Ticket # _____	ETL # _____	
Part # _____	Standard Test # _____	Results _____	

PRINT CLEARLY the below information for each coupon sent. *(If we can not read the information, your papers may be incorrect.)*
EACH TEST COUPON MUST BE IDENTIFIED WITH THE BRAZERS ID# AND POSITION

Test results normally require 5 business days after receipt. When testing is completed, the Customer Contact will be notified of the results. If you have not been contacted within 10 business days of sending the coupons, feel free to contact Don Hodges at dhodges@earlbeck.com or 443.579.1123

<i>Customer Name</i>		<i>Brazer's Name</i>		
<i>Customer Address</i>		<i>Brazer's ID#</i> <small>(Last four #'s of SSN or Company ID #)</small>		
		<i>Date of Brazing Test</i>		
<i>Customer Contact</i>		<i>Payment Method</i>	<input type="checkbox"/> COD	<input type="checkbox"/> <i>Bill</i> Account # _____
			<input type="checkbox"/> PO Number	
<i>Contact Phone #</i>		<i>Customer given results</i>	<i>Date</i>	<i>Init.</i>

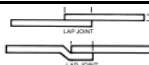

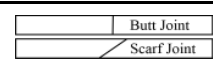
MANDATORY INFORMATION

What Brazing Code was used for this test? AWS B2.2 ASME IX (Boiler Code) Other: _____

What is your Brazing Procedure Specification name or number? _____

What Brazing Process was used? Torch Furnace Dip Induction Resistance Infrared Diffusion

What Technique? Manual Semiauto (wire feeder) Mechanized Automatic

Joint type Lap (sheet or Socket (pipe))  Rabbit  Butt/Scarf 

What was the joint Overlap length? (insertion) _____ *Other Joint Description?* _____

In what position(s) was brazing done? Flat (sheet only) Horizontal Vertical Up Vert. Down _____

Base Metal Spec. (List both if Dissimilar) _____ *Alloy(s)* (304, 6061, C# for Copper) _____

Describe Base Metal Form (3/4" K copper, 1/4" sheet, 3" sch 10, etc.) _____

Filler Metal Class? (BCuP-5, Bag-5, Bni-2, etc.) _____ *Diameter(s) Used?* _____

How was the Filler Metal Added? Face Feed Pre-placed Paste *What Flux was used?* _____

Fuel Gas used? _____ *Purge Gas Used?* _____

Other Information? _____

Please review the information to be submitted with the test coupon(s), enter your name & sign the below certification statement.
 I certify that this information provided to Earlbeck Gases & Technologies is true and accurate. I understand that Earlbeck Gases & Technologies only provides processing of the brazer qualification test coupon(s) in accordance with the specified code and that the "certification" of a welder is their employer's certification by signature as to the accuracy of the information on the Brazer Performance Qualification Record.

Printed Name _____ **Signature** _____

EARLBECK USE ONLY

VISUAL INSPECTION ACCEPT REJECT INIT _____ DATE _____

SECTION TEST RESULTS INIT _____ DATE _____

Sample#	Required Bond %	Pass	Fail	Comments

Comments: _____