

EARLBECK GASES & TECHNOLOGIES

8204 PULASKI HWY • BALTIMORE, MARYLAND • 21237 • ESTABLISHED 1919

SEND-IN WELDER 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 WELDERS 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 Tyler Smith at tsmith@earlbeck.com or

MANDATORY INFORMATION	Customer Name	Welder's Name		
	Customer Address	Welder's ID# <small>(Last four #'s of SSN or Company ID #)</small>		
		Date of Weld Test		
	Customer Contact	Payment Method	<input type="checkbox"/> COD <input type="checkbox"/> Bill Account # <input type="checkbox"/> PO Number	
		Contact Email	Customer given results	Date
	What Welding Code was used for this test? <input type="checkbox"/> AWS D1.1 (Structural Steel) <input type="checkbox"/> AWS D1.2 (Structural Alum.) <input type="checkbox"/> AWS D1.6 (Structural SS)		<input type="checkbox"/> AWS D17.1 (Aerospace) <input type="checkbox"/> ASME IX (Boiler Code) <input type="checkbox"/> Other: _____	
	What is your Welding Procedure Specification name or number? _____			
What Welding Process(es) were used? <input type="checkbox"/> SMAW <input type="checkbox"/> GTAW GMAW/(<input type="checkbox"/> Short arc <input type="checkbox"/> Spray <input type="checkbox"/> Pulse) <input type="checkbox"/> FCAW <small>Describe Multi-process or any other conditions</small>				
Joint type <input type="checkbox"/> Groove <input type="checkbox"/> Fillet		Backing (Describe any other backing type in "Other information") <input type="checkbox"/> With Backing <input type="checkbox"/> Welded both sides <input type="checkbox"/> No backing		
In what position(s) was welding done? <input type="checkbox"/> Flat <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Up <input type="checkbox"/> Vert. Down <input type="checkbox"/> Overhead				
Base Metal Spec. & Grade? <small>(A36, A106-B, B209-6061T6, etc.)</small>		Plate Thickness? _____ or Pipe Dia. & Sch.? _____		
Filler Metal Class? <small>(E7018, ER70S-3, E71T-1, etc.)</small>		Diameter(s) Used? _____		
Shielding Gas? <small>(75Ar/25CO2, Argon, etc.)</small>		Backing 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 welder 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 Welder Performance Qualification Record.

Printed Name _____ **Signature** _____

EARLBECK USE ONLY

VISUAL INSPECTION ACCEPT REJECT INIT _____ DATE _____

GUIDED BEND TEST RESULTS INIT _____ DATE _____

Sample#	Type	Width	Thickness	Bend Dia.	Pass	Fail	Comments

Comments: _____