

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 Don Hodges at dhodges@earlbeck.com or								
MANDATORY INFORMATION	<i>Customer Name</i>				<i>Welder's Name</i>			
	<i>Customer Address</i>				<i>Welder's ID#</i> <small>(Last four #'s of SSN or Company ID #)</small>			
	<i>Customer Contact</i>				Date of Weld Test			
	<i>Contact Phone #</i>				<i>Payment Method</i>	<input type="checkbox"/> COD	<input type="checkbox"/> <i>Bill</i> Account #	
					<i>PO Number</i>			
					<i>Customer given results</i>	<i>Date</i>		<i>Init.</i>
	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 Describe Multi-process or any other conditions _____							
	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 <input type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT INIT _____ DATE _____								
GUIDED BEND TEST RESULTS INIT _____ DATE _____								
Sample#	Type	Width	Thickness	Bend Dia.	Pass	Fail	Comments	
Comments: _____								