

# SEND-IN WELDER QUALIFICATION TEST DATA SHEET

Each test coupon must be identified with the welder's ID# and position. For each coupon sent, please fill out the form below **thoroughly and completely**.

**PRINT CLEARLY - if we are unable to read the information, we are unable to process your test.**



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Scan the QR code to fill out the form online instead!

## MANDATORY INFORMATION:

Customer Name:	Date of Weld Test:
Customer Address:	Welder's Name:
	Welder's ID #: <small>Last 4 digits of SSN -OR- Company ID</small>
Customer Contact:	Contact Email:

Payment Method:
COD:
Bill Account #:
PO #:

<b>What welding code was used?</b> AWS D1.1 (Structural Steel) AWS D1.2 (Structural Aluminum) AWS D1.6 (Structural SS) AWS D17.1 (Aerospace) ASME IX (Boiler Code) Other:	<b>What Welding Process(es) were used?</b> SMAW GTAW GMAW: Short Arc Spray Pulse FCAW Describe Multi-Process or Other:	<b>Joint Type</b> Groove Fillet  <b>Backing</b> With Backing Welded both sides No Backing Other:
<b>Welding Procedure Specification name or number?</b>	<b>In what position(s) was welding done?</b> Flat Horizontal Vertical Up Vertical Down Overhead	<b>Plate Thickness or Pipe Diameter and Schedule?</b>
<b>Base Metal Spec. &amp; Grade?</b> (A36, A106-B, B209-6061T6, etc.)		
<b>Filler Metal Class?</b> (E7018, ER70S-3, E71T-1, etc.)	<b>Shielding Gas?</b> (75Ar/25CO2, Argon, etc.)	<b>Additional Comments:</b>
<b>Diameter(s) Used:</b>	<b>Backing Gas Used?</b>	

## SHADED AREA FOR EARLBECK USE ONLY

### RESULTS

Received Date:  
ELT #:  
Ticket #:  
Part #:  
Standard Test #:

### RESULTS GIVEN

DATE \_\_\_\_\_ INIT \_\_\_\_\_

### VISUAL INSPECTION

ACCEPT REJECT

DATE \_\_\_\_\_ INIT \_\_\_\_\_

**Please carefully review the information entered above before signing the certification statement below**

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: \_\_\_\_\_

## GUIDED BEND TEST RESULTS

INIT:

DATE:

Comments

Sample #	Type	Width	Thickness	Bend Diameter	Pass	Fail	

Comments: