

PROCEDURE QUALIFICATION RECORD (PQR)

TEST RESULTS

PQR No. _____ Rev. No. _____

TESTS

√	Type of Test	Clause / Figure(s) Reference	Acceptance Criteria	Result	Remarks
	Visual Inspection	4.9.1	4.9.1		
	Radiographic Examination	4.9.2.1	4.9.2.2		
	Ultrasonic Testing	4.9.2.1	4.9.2.2		
	2 Transverse Root Bends	4.9.3.1 / Fig. 4.12	4.9.3.3		
	2 Transverse Face Bends	4.9.3.1 / Fig. 4.12	4.9.3.3		
	2 Longitudinal Root Bends	4.9.3.1 / Fig. 4.12	4.9.3.3		
	2 Longitudinal Face Bends	4.9.3.1 / Fig. 4.12	4.9.3.3		
	2 Side Bends	4.9.3.1 / Fig. 4.13	4.9.3.3		
	4 Side Bends	4.9.3.1 / Fig. 4.13	4.9.3.3		
	2 Tensile Test	4.9.3.4 / Fig. 4.14	4.9.3.5		
	All-Weld-Metal Tension	4.9.3.6 / Fig. 4.18 & 4.23	4.18.2		
	3 Macroetch	4.9.4	4.9.4.1		
	4 Macroetch	4.9.4	4.9.4.1		
	CVN Test	4 Part D	4.37		

TENSILE TEST DETAILS

Specimen Number	Width	Thickness	Area	Ultimate Tensile Load	Ultimate Unit Stress	Type of Failure and Location

TOUGHNESS TEST DETAILS

Specimen Number	Notch Location	Specimen Size	Test Temperature	Absorbed Energy	Percent Shear	Lateral Expansion	Average

CERTIFICATION

Welder's Name	ID number	Stamp Number

Test Conducted by	
Laboratory	
Test number	
File number	

We, the undersigned, certify that the statements in this record are correct and that the test welds were prepared, welded, and tested in accordance with the requirements of Clause 4 of AWS D1.1/D1.1M (_____) Structural Welding Code-Steel.

Title	
Name	Signature
Date	