www.Inspection-for-Industry.com Quality Control Form	Project:	
	Client:	Report No.:
WELDER PERFORMANCE RECORD	Contractor:	Date:
	Ref. Standard:	Page 1 of 1
	Doc. No.:	

Area/Location:

SL. No.	Welder No.	Welder Name	Total No. of Welded Joints	No. of Joints Radiographed	No. of Accepted Joints	No. of Repaired Joints	Repair Percentage	Remark

Quality Control	TPI Inspection	Client
Name: Sign: Date	Name: Sign: Date	Name: Sign: Date: