

Quality Control Form		
WELDER/WELDING OPERATOR QUALIFICATION RECORD		
CERTIFICATE No.		PHOTO
Welder's Name:		
Welder Identification Number:		
Qualified date:		
Applicable code:		
Specification No:		
TEST CONDITION		
Used WPS No:		
Base material welded:		
Welding process:		
Others	Manual	Machine Semi auto Automatic
Variables	Tested Coupon	Range Qualified
Pipe outside diameter:		
Base metal thickness:		
Weld deposit thickness for each process:		
Welding position:		
Backing	With	Without N/A
P-No (or Groups):		
Filler metal spec. /F-No./Classification:		
Filler metal size / brand		
Progression(uphill/downhill):	Uphill	Downhill
Welding current type/polarity:		
Shielding gas:		
GMAW transfer mode:		
NON-DESTRUCTIVE & DESTRUCTIVE TEST RESULT		
TYPE OF TEST	RESULT	REPORT No.
Visual test:		
Radiographic test:		
Fracture test:		
Macro test:		
Coupon no.		
We certify that the statements in this record are correct and that the test coupons were prepared, Welded, and tested in accordance with the requirements of the application code and project specification.		
PREPARED BY: WELDIND ENGINEER	NAME/SIGN:	DATE:
CHECKED BY: QA/QC MANAGER	NAME/SIGN:	DATE:
APPROVED BY: COMPANY	NAME/SIGN:	DATE: