Company Code						

CWB Form 108E/2011-1

REPORT OF WELDERS, WELDING OPERATORS AND TACK WELDERS

STANDARD ☐ W47.1 ☐ W47.2 ☐ W186 ☐ W55.3

TOTAL # OF WELDERS EMPLOYED	

REPORT FOR					
MONTH		YEAR			

Company Name: _____

Address: _____

For each welder, welding operator and tack welder employed in shop or field welding for the period covered by this report show:

a) The full name of each individual
b) The type of qualification as indicated by "W" (Welder), "O" (Operator), "T" (Tack Welder), "P" (Probationary Welder)
c) The welding process used by the individual. If the person has more than 1 qualification use additional line(s)
d) The class such as "F" (Flat), "H" (Horizontal), "V" (Vertical), "VD" (Vertical Down), "O" (Overhead)
e) The classifications: T, S, FW and WT.
f) The qualification expiry date and the qualifying authority (e.g. CWB, ASME).
g) For W55.3, identify the resistance welding process under "Process", with date(s) of training under "Qualifying Authority".

		QUALIFICATION						
#	First and Last Name	Type	Process	Class	Classifi-cation	Expiry Date	Qualifying Authority	Shop (S) Field (F)

Note: **This form is to be completed monthly. Please retain in your file for review by a CWB Representative during visits and audits.**

Welding Supervisor's Signature

REPORT FOR					
	MONTH		YEAR		

Company Code					

CWB Form 108E/2011-1

		QUALIFICATION						
#	First and Last Name	Type	Process	Class	Classification	Expiry Date	Qualifying Authority	Shop (S) Field (F)

REPORT FOR						
	MONTH		YEAR			

Company Code					

CWB Form 108E/2003-1

Page		of	

		QUALIFICATION						
#	First and Last Name	Type	Process	Class	Classifi-cation	Expiry Date	Qualifying Authority	Shop (S) Field (F)