

DATE	MM / DD / YYYY
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**ALTERNATE WELDER / WELDING OPERATOR
QUALIFICATION TEST ASSEMBLY**

STANDARD

W47.1 W47.2 W186

Company Name: _____

SHEET NO: _____

Address: _____

CWB OFFICE USE ONLY

Non-Transferable I.D. Card Information

Permissible Thickness or Fillet Size _____

Filler Metal Classification _____

Position Qualified _____

Process _____

Procedure Data Sheet Number(s) _____

Welding Process(es):	Mode	Testing Positions:		Welding Procedure Specification No: _____
	<input type="checkbox"/> Manual <input type="checkbox"/> Semi-Automatic <input type="checkbox"/> Machine <input type="checkbox"/> Automatic	<input type="checkbox"/> Flat <input type="checkbox"/> Horizontal <input type="checkbox"/> Overhead <input type="checkbox"/> Vertical-Up <input type="checkbox"/> Vertical - Down	GMAW Mode of Transfer (W47.1 Only) <input type="checkbox"/> Short Circuit <input type="checkbox"/> Globular/Spray/Pulsed	
Base Material Designation(s):	Specification	Grade	Filler Metal/Flux Classification	

In space below make a sketch to show:

a) Size of Test Assembly c) Weld Pass Sequence for each Test

b) Joint Geometry for each Test d) Location and Size of any extracted Test Specimen(s)

Welders qualified on the Assembly shown are limited to weld the Joint Configuration of Welding Procedure Data Sheets

Weld Size/ETT	Number of Layers	Number of Passes	Filler Metal Size	Current Polarity	Amperes	Volts	Wire Feed Speed	Travel Speed	Power Source	<input type="checkbox"/> Pulsed <input type="checkbox"/> Conv'l
									Shielding Gas	
									Nozzle Size	
									Flow Rate	
									Tungston Type & Size	

METHOD OF TESTING:		FOR CWB USE ONLY		COMPANY AUTHORIZATION
<input type="checkbox"/> Root & Face bends <input type="checkbox"/> Macro Etch <input type="checkbox"/> Radiography	<input type="checkbox"/> Side Bends <input type="checkbox"/> Fracture <input type="checkbox"/> Other _____	Approval Date MM / DD / YYYY	Approved By	
Revision Date MM / DD / YYYY	Explanation			

"CERTIFICATION MAKES THE DIFFERENCE"