|  |  |  |  |
| --- | --- | --- | --- |
| **Date of test** | **SQ nr.** | **SAS no.** | **Requested** |
| **10-03-2023** |  |  | **WPQ & PQR** |

|  |  |  |  |
| --- | --- | --- | --- |
| Client : |  | Welder : |  |
| Address : |  | Stamp : |  |
| Place : |  | ID method : | Passport |
| Phone no. : |  | ID number : | Verified |
| Contact person : |  | Date of birth : |  |
| Client reference : |  | Place of birth : |  |

**Specific welding information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PQR Number  |  | Product Plate / Tube | **Tube/plate** | Weld type | **-** |
| WPS  |  | **Rev.** | **-** | Material 1 |  | Group | **1.2** |
| Dimensions  | D= |  | **s=** |  | **t=** |  | Material 2 |  | Group | **1.2** |
| Welding process | 1 | **-** | 2 | **-** | **3** | **-** | Preheat | **-** |  | oC |
| Thickness per process | 1 |  | 2 |  | 3 |  | PWHT | **-** |  | oC |
| Filler material. 1 | FM | **-** |  | ISO | **-** | Fabr./type filler 1 |  |
| Filler material. 2 | FM | **-** |  | ISO | **-** | Fabr./type filler 2 |  |
| Filler material. 3 | FM | **-** |  | ISO | **-** | Fabr./type filler 3 |  |
| Shielding gas | 1 | **I1** | 2 | **-** | 3 | **-** | Backing gas |  | **-** |
| Position acc. ISO | 1 | **PA** | 2 | **-** | 3 | **-** | Waveform control | **Yes** |
| Position acc. ASME | 1 | **1G** | **U** | 2 | **-** | **-** | 3 | **-** | **-** | Weld detail BW | **ss nb** | **-** |
| Transfer mode | 1 | **Dip** | 2 | **Dip** | 3 | **Pulsed** | Weld detail FW | **-** | **-** |
| Power source\* |  | Welding unit\* |  |
| Control\* | **-** | Weld seam Sensor\* | **-** |
| Auto tracking\* | **-** | Arc Sensor Control\* | **-** |

**\***Only for WPQ/PQR with mechanized or automatic welding

**Specific for ISO 15614-8 (Tube-Tube plate)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type pitch | **-** | Dist. between holes |  | **mm** |

**Testing**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Visual acceptable | **Yes** | DT required | **Yes** | **Rep.no:** |  |
| NDT requested | **Yes** | **Rep.no:** |  | End result | **Acceptable** |

**Remarks/info:**

|  |
| --- |
| **Number of** ….... **test piece(s) marked/stamped with:** |
|  |  |  |  |
| **Qualification according standard:** | **Special client requirements/specs** |
| **ISO 9606-1 rev. 9.3a** | **-** | Client req./Spec: |  |
| **ISO 15614-1 Lev.1** | **-** | Client req./Spec: |  |
| **ASME IX** | **-** | Client req./Spec: |  |
| **-** | **-** | Client req./Spec: |  |

|  |  |
| --- | --- |
| Test weld witnessed and executed according WPSNameDate | Mechanical tests witnessedNameDate |

This signed document with all needed information, such as WPS, DT/NDT reports, material certificate, run-sheet and other relevant documentation, may be send to above mentioned mail address.