Company Code					

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REPORT OF WELDERS, WELDING OPERATORS AND TACK WELDERS

REPORT FOR					
MONTH		YEAR			

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

TOTAL # OF WELDERS EMPLOYED	

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)
						MM	DD	YY		

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			

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

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