



<b>Company Code</b>

## ALTERNATE WELDER / WELDING OPERATOR QUALIFICATION TEST ASSEMBLY

DATE	MM / DD / YYYY
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<b>STANDARD</b>		
<input type="checkbox"/> W47.1	<input type="checkbox"/> W47.2	<input type="checkbox"/> W186

<b>SHEET NO:</b>
<b>CWB OFFICE USE ONLY</b>

*Non-Transferable I.D. Card Information*

Position Qualified \_\_\_\_\_

Process \_\_\_\_\_

Welding Procedure Data Sheet Number(s) \_\_\_\_\_

Welding Procedure Specification No: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Welding Process(es):	Mode	Testina Positions:		
	<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	<b>GMAW Mode of Transfer (W47.1 Only)</b> <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
- b) Joint Geometry for each Test
- c) Weld Pass Sequence 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	

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

**"CERTIFICATION MAKES THE DIFFERENCE"**