

**Procedure Qualification Record (PQR) # _____
Test Results**

TENSILE TEST

Specimen No.	Width	Thickness	Area	Ultimate Tensile Load, lb	Ultimate Unit Stress, psi	Character of Failure and Location

GUIDED BEND TEST

Specimen No.	Type of Bend	Result	Remarks

VISUAL INSPECTION

Appearance _____
 Undercut _____
 Piping porosity _____
 Convexity _____
 Test date _____
 Witnessed by _____

Radiographic-ultrasonic examination
 RT report no.: _____ Result _____
 UT report no.: _____ Result _____

FILLET WELD TEST RESULTS

Minimum size multiple pass	Maximum size single pass
Macroetch	Macroetch
1. _____ 3. _____	1. _____ 3. _____
2. _____	2. _____

Other Tests

All-weld-metal tension test
 Tensile strength, psi _____
 Yield point/strength, psi _____
 Elongation in 2 in, % _____
 Laboratory test no. _____

Welder's name _____

Clock no. _____ Stamp no. _____

Tests conducted by _____

Laboratory _____

Test number _____

Per _____

We, the undersigned, certify that the statements in this record are correct and that the test welds were prepared, welded, and tested in conformance with the requirements of Clause 4 of AWS D1.1/D1.1M, (_____) *Structural Welding Code—Steel*.
 (year)

Signed _____
 Manufacturer or Contractor

By _____

Title _____

Date _____