

**WELDER QUALIFICATION TEST REQUEST**

Cost Center:	Prg Code:	Cst Acct:	Wrk Pkg:	WO #:
WQT or BQT No.		Applicable WPS or BPS (if known):		
Code/Applicability: <input type="checkbox"/> ASME <input type="checkbox"/> AWS D1.1 <input type="checkbox"/> AWS D9.1 <input type="checkbox"/> API-1104   Other:				
This test is: <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Upgrade <input type="checkbox"/> Requalification				
Welding or Brazing Process:		1.	2.	
Phone:		Pager/Cell:		
LANL/SSS Manager:		<small>Printed Name</small>	<small>Signature</small>	Date:
Subcontractor Company Name:				
Authorizing Manager:		<small>Printed Name</small>	<small>Signature</small>	Date:

By signing the welder test request we agree to participate/follow the requirements of the LANL Welding Program as delineated in Chapter 13 - Welding, of the LANL Engineering Standards Manual. Each employer is responsible for providing welding services in full compliance with applicable code, contract, technical specifications, design drawings, and all other specified design documents.

**Welder Information**

Name:	Z number:
Employer:	Craft:   LANL Organization:
Requested Test Date:	Alternate Test Date:
Have you certified at LANL before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Welder/Brazer Signature:	

**To be Completed by the LANL WPA / Test Supervisor**

Date Welder Reported for Test:	Time:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Verbal instructions given on general and specific safety practices.			
Verbal instructions given on general housekeeping practices.			
Verbal instructions given on test and equipment setup.			
Visual aids and demonstration provided for special processes.			
Practice time allotted (not to exceed 1 hours).			
Evaluation of practice.			
Welder authorized to proceed with test.			

Type of Test and Results:	Test Code:
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**WELDER QUALIFICATION EVALUATION WORK SHEET**

Check boxes with priority 1 – 5

**APPLICATIONS:**

Piping Process	<input type="checkbox"/>	Structural Static	<input type="checkbox"/>	Equipment Process	<input type="checkbox"/>	Test Apparatus	<input type="checkbox"/>
Pressure Vacuum		Dynamic Tubular		Mat. Hand Stands		Experimental Fabrication	
Jig & Fixture Tooling	<input type="checkbox"/>	Other:	_____				
Equipment			_____				

**WELDING PROCESSES:**

TB	<input type="checkbox"/>	GMAW	<input type="checkbox"/>	GTAW	<input type="checkbox"/>	SMAW	<input type="checkbox"/>	PAW	<input type="checkbox"/>	OFW	<input type="checkbox"/>	SAW	<input type="checkbox"/>
GMAW-FC	<input type="checkbox"/>	Manual	<input type="checkbox"/>	Semi-Automatic	<input type="checkbox"/>	Automatic	<input type="checkbox"/>						

**MATERIAL:**

Steel	<input type="checkbox"/>	Nickel Alloys	<input type="checkbox"/>	HSLA Steel	<input type="checkbox"/>	Stainless Steel	<input type="checkbox"/>
Copper	<input type="checkbox"/>	Alloy Steel	<input type="checkbox"/>	Aluminum	<input type="checkbox"/>	Other:	_____

**PRODUCTS:**

Pipe:	<input type="checkbox"/>	Plate	<input type="checkbox"/>	Sheet	<input type="checkbox"/>	Structural Steel	<input type="checkbox"/>
Tube	<input type="checkbox"/>	Other:	_____				

**POSITIONS:**

Flat	<input type="checkbox"/>	Horizontal	<input type="checkbox"/>	<b>THICKNESS:</b>			
Vertical	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	Plate	Pipe	Minimum	<input type="checkbox"/>
Pipe	2G <input type="checkbox"/>	5G <input type="checkbox"/>	6G <input type="checkbox"/>	Minimum	<input type="checkbox"/>	Maximum	<input type="checkbox"/>
				Maximum	<input type="checkbox"/>	Maximum	<input type="checkbox"/>

**EXPERIENCE:**

Years	<input type="checkbox"/>	% of Time	<input type="checkbox"/>	OJT	<input type="checkbox"/>	LANL	<input type="checkbox"/>	Vo-Tech	<input type="checkbox"/>
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**TRAINING:**

**CONCLUSIONS:**

Applicable Code:	AWS D1.1	<input type="checkbox"/>	ASME	<input type="checkbox"/>	Other: _____
	AWS D9.1	<input type="checkbox"/>	API-1104	<input type="checkbox"/>	

Applicable WPS:	Applicable WQT #:
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Notes or Remarks: \_\_\_\_\_

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Evaluation By

Date: