



**Bureau of Construction & Materials
Structural Materials Section**

Procedure Qualification Record

AWS D1.5-95 FCM_____ Non FCM_____

**PQR No: _____ PQR Date: _____
(Date welded)**

Qualified Per: 5.12.1 _____ 5.12.2 _____ 5.13 _____

Contractor (Fabricator) _____

Process _____

PQR Prepared by: _____

Position (1G, 2G, 3G, 4G) _____

Welder's name _____

Electrode(s) Mfg. Designation _____

AWS Specification _____

Electrode Extension _____

AWS Classification _____

Flux Mfg. Designation _____

Active, Neutral, or Alloy Flux: _____

Electrode	Diam. (inch)	Current (amps)	WFS* (ipm)	Voltage (volts)	Current & Polarity	Travel Speed (IPM)
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____

* wire feed may be used in lieu of current when a correlation curve is provided for the same electrode diameter and electrode extension.

Calculated Heat Input (KJ/In) _____ (See AWS D1.5 5.12)

Shielding Gas _____ Flow Rate (cfph) _____ Dew Point (°F) _____

Base Metal Thickness (In) _____ Backing Thickness (In) _____

Base Metal and Backing Specification & Heat Nos. _____
(Attach Certified Copies of Mill Test Reports)

A709 50W carbon equivalent % _____, carbon content % _____

Preheat Temp. (°F) _____ Interpass Temp. (°F) Min. _____ Max. _____

Welding Witness: _____ Agency: _____ Signature: _____

PHYSICAL AND NONDESTRUCTIVE TEST RESULTS (Complete below and attach laboratory reports)

SPECIMEN	TEST RESULTS
All Weld Metal Tension (AWMT)	Tensile Strength (psi) _____
	Yield Strength (psi) _____
	Elongation in 2 in. (%) _____
	Reduction in Area (%) _____
Side Bends (accept/reject)	1. _____ 2. _____ 3. _____ 4. _____
Reduced Section Tension (psi)	Tensile Strength 1. _____ Location of Break 1. _____ 2. _____ 2. _____
Charpy V-Notch Impact Toughness of Weld Metal (Ft.lbs.)	(_____, _____, _____, _____) Avg. ft.lb. ** _____ @ _____ °F ** Discard the highest and lowest values and average the remaining values.

Visual Acceptable? _____ Radiographic Test Acceptable? _____ (Attach RT Report)

Physical Tests witnessed by: _____ Agency _____

Expiration Date (5 years for Non Fracture Critical): _____ (3 years for Fracture Critical): _____

I attest that the above information is correct: _____ Date: _____
(Authorized representative of contractor (fabricator))