



WELDER PERFORMANCE QUALIFICATION TEST REPORT

Welder's Name : Bill Garfield #04609 ASME No. W12
 Welding Process(es) 1st GTAW Manual Type _____ 2nd _____ Type _____
 In accordance with WPS No. FERMI SS-3

Joint: Fillet _____ Production Weld Test Coupon
 Groove: Double Welded: Yes No
 Single Welded: Metal Fused Metal Non-Fused Non-Metal Open Root Consumable Insert
 With Solid Backing Without Solid Backing

Base Metal: Spec. SA312 Gr 304 to SA 312 Gr 304 (ASME IX) P. No. 8 to P. No. 8
 Plate Pipe Tube
 Actual Thickness _____ Nominal Diameter 4NPS Actual Diameter 4.5" OD _____
 Qualified Range _____ Wt/Sch 80 Qual. Thick Range 0-0.674 Wall _____
 Actual Thickness 0.337 Qual. Dia. Range 2-7/8 min Qual. Thick Range _____
 Qual. Dia. Range _____

Filler: **1st Process** Spec. SFA 5.9 Class ER308 **2nd Process** Spec. _____ Class _____
 Dia.(s) 3/32 Dia.(s) _____
 F. No. 6 F. No. _____
 Deposit Thickness 0.337 Range Qual. 0-0.674 Deposit Thickness _____ Range Qual. _____

Position(s) (IG, etc.): IGR If Vertical Up _____ Down _____
 Gas (Type and Composition): Fuel _____ Shielding Ar 99.9% Root Side Backing Ar 99.9%
 Electrical: Type Current AC DC - Reverse XDC - Straight
 Transfer: GMAW Spray Globular Pulse Short Circuit

FOR INFORMATION ONLY	MACHINE WELDING
Filler Metal Trade Name: _____	Control: <input type="checkbox"/> Visual <input type="checkbox"/> Remote Visual
S.A.W. Flux Trade Name: _____	Arc Voltage Control: <input type="checkbox"/> Auto <input type="checkbox"/> Other _____
Shielding Gas Trade Name: _____	Joint Tracking: <input type="checkbox"/> Yes <input type="checkbox"/> No

VISUAL INSPECTION
 Appearance Satisfactory Undercut _____ Piping porosity _____

GUIDED BEND TEST

TYPE AND FIGURE	RESULTS	TYPE AND FIGURE	RESULTS	TYPE AND FIGURE	RESULTS

Test Conducted by _____ Lab Test No. _____
 Date _____

RADIOGRAPHIC TEST
 Results Satisfactory Per ASME IX-2007 and AWS D1.1-06
 Radiographer Magnetic Inspection Lab Examiner R.E. Wahlen Level II Test No. 080K94
 Date 1-14-08

FILLET WELD TEST RESULTS
 Fracture Test _____
 Location, Nature, and Size of Crack or Tear in Specimen _____
 Length of Weld _____ inch, Length of Defect _____ inch, _____ % of Defect
 Macro Test: Fusion _____
 Appearance: Fillet size _____ inch x _____ inch Convex Concave
 Test Conducted by _____ Lab Test No. _____

We certify that the statements in this record are correct and that the test welds were prepared, welded, and tested in accordance with the requirements of ASME IX -2007 and ASW D1.1-06
 By [Signature] Date 3/12/08