

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
PROCEDURE QUALIFICATION RECORD (PQR)

AWS D1.1 STEEL

Contractor/Organization:		PQR #:	
Welding Process(es):		Revision:	Date: By:
JOINT DESIGN USED		Authorized By:	Date:
Groove Type:	Fillet: <input type="checkbox"/>	Type: Manual <input type="checkbox"/> Mechanized <input type="checkbox"/>	
Backing: Yes <input type="checkbox"/> No <input type="checkbox"/>		Semiautomatic <input type="checkbox"/> Automatic <input type="checkbox"/>	
Backing Mat'l:		ELECTRICAL CHARACTERISTICS	
Root Opening:	Root Face Dimension:	Transfer Mode (GMAW): Short-Circuiting <input type="checkbox"/>	
Groove Angle:	Radius (J-U):	Globular <input type="checkbox"/> Spray <input type="checkbox"/>	
Backgouging: Yes <input type="checkbox"/> No <input type="checkbox"/>	Method:	Current: AC <input type="checkbox"/> DCEP <input type="checkbox"/> DCEN <input type="checkbox"/> Pulsed <input type="checkbox"/>	
Root Treatment:		Power Source: CC <input type="checkbox"/> CV <input type="checkbox"/>	
POSITION		Other:	
Position of Groove:	Fillet:	Tungsten Electrode (GTAW):	
Vertical Progression: Up <input type="checkbox"/> Down <input type="checkbox"/>		Size:	Type:
BASE METALS		TECHNIQUE	
Material Spec:		Stringer or Weave Bead:	
Type or Grade:		Multi-Pass or Single Pass (per side):	
Thickness: Groove	Fillet	Number of Electrodes:	
Diameter (Pipe):		Electrode Spacing: Longitudinal	
FILLER METALS		Lateral:	Angle:
AWS Specification:		Electrical Stick Out:	
AWS Classification:		Peening:	Interpass Cleaning:
Mfg. Trade Name:		PREHEAT AND INTERPASS TEMPERATURE CHART	
SHIELDING		Base Metal Thickness:	
Flux:		Preheat (°F):	
Gas:	Composition:	Max Interpass (°F):	
Electrode Flux Class:		POSTWELD HEAT TREATMENT	
Flow Rate:	Gas Cup Size:	Temp:	Time:

WELDING PROCESS

Pass or Weld Layer(s)	Filler Metal Diam.	Current	Volts	Travel Speed IPM

Joint Designation:	UPLOAD JOINT DETAILS

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AWS D1.1 PQR
 Form # 675-070-08
 April 2019

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FABRICATOR CONTACT INFORMATION

Facility Name:		
Facility Location:		
PQR #:	PQR Date:	Weld Date:

REDUCED SECTION TENSILE TEST

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

GUIDED BEND TEST

Specimen No.	Type of Bend	Result	Remarks

VISUAL INSPECTION

Radiographic-Ultrasonic Examination		Test Date:
RT Report No.:	Result:	Witnessed By:
UT Report No.:	Result:	Fillet Weld Test Results:
		Satisfactory <input type="checkbox"/> Non-Satisfactory <input type="checkbox"/>

All-Weld-Metal Tension Test:

Tensile Strength, psi (MPa):	Other Tests:
Yield Point/Strength psi (MPa):	
Elongation in 2 in., %:	
Laboratory Test No.:	

Welder's Name:	Clock No.:	Stamp No.:
Testing Lab:	Test Number:	

Include Laboratory Test Results including NDT Reports

Comments:

We certify by our digital signatures below that the statements in this record are correct and that the test welds were prepared, welded, and tested in accordance with the requirements of Clause 4 of the most current AWS D1.1, *Structural Welding Code – Steel*.

		Fabricator's AWS CWI #:	CWI Exp. Date:
Fabrication Facility Name	Date Signed		
		Inspection Firm's CWI #:	CWI Exp. Date:
Commercial Inspection Firm Name (Welding Witness)	Date Signed		

E-Mail the completed digital form to SM-StructuresCI@dot.state.fl.us, FDOT State Materials Office