

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

**AWS D1.1 STEEL**

Contractor/Organization:		PQR #:		
Welding Process(es):		Revision:	Date:	By:
<b>JOINT DESIGN USED</b>		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:		<b>ELECTRICAL CHARACTERISTICS</b>		
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"/>		
<b>POSITION</b>		Other: _____		
Position of Groove: _____ Fillet: _____		Tungsten Electrode (GTAW): _____		
Vertical Progression: Up <input type="checkbox"/> Down <input type="checkbox"/>		Size: _____ Type: _____		
<b>BASE METALS</b>		<b>TECHNIQUE</b>		
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 _____		
<b>FILLER METALS</b>		Lateral: _____ Angle: _____		
AWS Specification: _____		Electrical Stick Out: _____		
AWS Classification: _____		Peening: _____ Interpass Cleaning: _____		
Mfg. Trade Name: _____		<b>PREHEAT AND INTERPASS TEMPERATURE CHART</b>		
<b>SHIELDING</b>		Base Metal Thickness: _____		
Flux: _____		Preheat (°F): _____		
Gas: _____ Composition: _____		Max Interpass (°F): _____		
Electrode Flux Class: _____		<b>POSTWELD HEAT TREATMENT</b>		
Flow Rate: _____ Gas Cup Size: _____		Temp: _____ Time: _____		
<b>WELDING PROCESS</b>				
Pass or Weld Layer(s)	Filler Metal Diam.	Current	Volts	Travel Speed IPM
Joint Designation: _____		<b>UPLOAD JOINT DETAILS</b>		

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AWS D1.1 PQR  
 Form # 675-070-08  
 April 15, 2026

**AWS D1.1 STEEL**

**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:**

**Other Tests:**

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

Welder's Name:	Clock No.:	Stamp No.:
Testing Lab:	Test Number:	
<b>Include Laboratory Test Results including NDT Reports</b>		
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 6 - Qualification in 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](mailto:SM-StructuresCI@dot.state.fl.us), FDOT State Materials Office**