

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

AWS D1.3 PQR
 Form # 675-070-09
 April 2019

AWS D1.3 SHEET STEEL

FABRICATOR CONTACT INFORMATION

Facility Name:	
Facility Location:	
PQR #:	PQR Date:
Weld Procedure Specification No.:	Rev: Date:
Welding Processes:	Type:
JOINTS: Type of Welded Joint(s):	
Backing: Yes <input type="checkbox"/> No <input type="checkbox"/>	Backing Material Type: Groove Welded From: One Side <input type="checkbox"/> Both Sides <input type="checkbox"/>
Backing Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>	
BASE METAL Material Specification Type and Grade	
Steel Sheet: _____ to _____	Thickness _____ Support Steel Thickness: _____
Base Metal Preparation:	
PREHEAT:	
POSITIONS Position of Groove:	
Position of Fillet:	Progression:
ELECTRICAL CHARACTERISTICS	
Mode of Transfer (GMAW): Globular <input type="checkbox"/>	Spray <input type="checkbox"/> Short Circuit <input type="checkbox"/> Pulse <input type="checkbox"/>
Current: AC <input type="checkbox"/>	DCEP <input type="checkbox"/> DCEN <input type="checkbox"/> Pulsed <input type="checkbox"/>
Other: _____	Tungsten Electrode (GTAW) Size: _____ Type: _____
GAS (1.4.6.2) Shielding Gas:	Flow Rate: _____ Percent Mixture: _____
FILLER METAL	
Specification: _____	Classification: _____ Mfg. Trade Name: _____
FLUX	
Specification: _____	Classification: _____ Mfg. Trade Name: _____
COATING(S)	
Type: _____	Thickness: _____
VISUAL EXAMINATION RESULTS	
Specimen 1:	Specimen 2:
Diam of Arc Spot Nugget:	Diam of Arc Spot Nugget:
Test Conducted By:	Lab Test No.:
Per:	Date of Test:
Joint Designation:	UPLOAD JOINT DETAILS

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TECHNIQUE								
Pass No.	Electrode Size	Welding Current				Travel Speed IPM *	Melting Rate	Wire Feed Speed
		Amperes	Current Type	Polarity	Volts			
*(or Weld Time for Arc Spot Welds)								
Welder or Welder Operator Name:					Welder's ID No.:			
Identification No.:					Date of Qualification:			
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 the most current AWS D 1.3, *Structural Welding Code – Sheet Steel*.

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

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