

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

AWS D1.4 REINFORCING STEEL

CONTACT INFORMATION

Contractor: _____ PQR No. _____

Authorized By: _____ Revision No. _____

Welder: _____ Test Date: _____

Welding Process: FCAW-G FCAW-S GMAW SMAW

PQR JOINT TYPE Direct Butt Indirect Butt T-Joint

Test Assembly: Figure 6.5(A) Figure 6.5(B) Figure 6.5(C) Figure 6.5(D)

Position: _____ Groove Type: _____ Single Bevel: Double Bevel:

Root Opening: _____ Root Face: _____ Groove Angle: _____

Backing: Yes No Backing Type: _____

Backgouging: Yes No Backgouging Method: _____

Technique: Stringers: Weave:

ELECTRICAL CHARACTERISTICS Current: AC DCEP DCEN

Transfer Mode (GMAW): Short-circuiting Globular Spray

BASE METAL Material Specification: _____ Grade: _____

Welded to: Material Specification: _____ Grade: _____

Carbon Equivalent (Bar): _____ Bar Size: _____

Coated Bar: Yes No Type of Coating: _____

FILLER METAL AWS Specification: _____ AWS Classification: _____

Describe filler metal (if not covered by AWS specification): _____

SHIELDING Gas: Single Mixture Composition: _____ Flow Rate: _____

PREHEAT/INTERPASS Preheat Temperature: _____ Interpass Temperature: _____

Pass Number	Electrode Diameter	Current				Electrical Stickout	Travel Speed IPM
		Type	Amperage	WFS IPM	Volts		

Note: Include additional sheets as required for detailing each pass.

Joint Designation: _____ **UPLOAD JOINT DETAILS**

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VISUAL EXAMINATION						
Test Assembly Number One				Test Assembly Number Two		
Pass <input type="checkbox"/> Fail (AWS D1.4, Clause 4.4) <input type="checkbox"/>				Pass <input type="checkbox"/> Fail (AWS D1.4, Clause 4.4) <input type="checkbox"/>		
Comments:				Comments:		
Specimen No.	Width	Thickness	Area	Ultimate Tensile Load (lbs)	Ultimate Unit Stress (psi)	Character of Failure & Location

MACROETCH TEST		
Test Assembly Number One		Test Assembly Number Two
Pass <input type="checkbox"/> Fail (AWS D1.4, Clause 6.3.7.3) <input type="checkbox"/>		Pass <input type="checkbox"/> Fail (AWS D1.4, Clause 6.3.7.3) <input type="checkbox"/>
Specimen No.	Results	Remarks

Welder's Name:	Clock No.:	Stamp No.:
Tests Conducted By:	Test Number:	Per:

Include Laboratory Test Results

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 1.4, *Structural Welding Code – Reinforcing 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