

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**WELDING PROCEDURE SPECIFICATION (WPS)**

AWS D1.5 WPS  
 Form # 675-070-02  
 February 13, 2026

PREQUALIFIED  QUALIFIED BY TESTING   
 AASHTO/AWS D1.5 Qualification Type 7.12.2  - 7.12.3  - 7.12.5

Contractor/Organization:				Identification:			
Welding Process(es):				Revision:		Date:	
Type: Manual <input type="checkbox"/> Mechanized <input type="checkbox"/> Tandem <input type="checkbox"/>				Authorized By:		By:	
Semiautomatic <input type="checkbox"/> Automatic <input type="checkbox"/> Parallel <input type="checkbox"/>				Supporting: PQR Nos.:		Date:	
FWST Nos.:							
<b>JOINT DESIGN USED</b>				<b>POSITION</b>			
Groove Type: _____ Fillet: <input type="checkbox"/>				Position of Groove: _____ Fillet: _____			
Backing: Yes <input type="checkbox"/> No <input type="checkbox"/>				Vertical Progression: Up <input type="checkbox"/> Down <input type="checkbox"/>			
Backing Mat'l.:				<b>ELECTRICAL CHARACTERISTICS</b>			
Root Opening: _____ Root Face Dimension: _____				Transfer Mode (GMAW): Globular <input type="checkbox"/> Spray <input type="checkbox"/>			
Groove Angle: _____ Radius (J-U): _____				Current: AC <input type="checkbox"/> DCEP <input type="checkbox"/> DCEN <input type="checkbox"/> Pulsed <input type="checkbox"/>			
Backgouging: Yes <input type="checkbox"/> No <input type="checkbox"/> Method: _____				Electrical Stick Out: _____			
Root Treatment: _____				Other: _____			
<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: _____			
<b>FILLER METALS</b>				Electrode Spacing: Longitudinal _____			
AWS Specification: _____				Lateral: _____ Angle: _____			
AWS Classification: _____				Interpass Cleaning: _____			
Mfg. Trade Name: _____				<b>PREHEAT AND INTERPASS TEMPERATURE CHART</b>			
<b>SHIELDING</b>				Base Metal Thickness Range		Min Preheat (°F)	
Flux: _____ Mfg. Trade Name: _____						Max Preheat & Interpass (°F)	
Electrode Flux Class: _____							
Gas Composition: _____							
Flow Rate: _____ Gas Cup Size: _____							
<b>POSTWELD HEAT TREATMENT</b>				<b>QUALIFIED HEAT INPUT FROM PQR</b>			
Temp.: _____ Hold Time: _____				Max. Heat Input: _____		Min. Heat Input: _____	
Heating/Cooling Rate: _____							
<b>WELDING PROCESS</b>				<b>FABRICATOR'S CWI DIGITAL SIGNATURE</b>			
Pass or Weld Layer(s)	Filler Metal Diam.	Current		Volts	Travel Speed IPM	AWS CWI #: _____ CWI Exp. Date: _____	
		<input type="checkbox"/> Amps	<input type="checkbox"/> Wire Feed Speed				
Joint Designation: _____				<b>UPLOAD JOINT DETAILS</b>			
				Date: _____			
				Notes: _____			
				<b>UPLOAD FDOT STAMP</b>			
				Date: _____			
Comments:							

E-Mail the completed digital form to [SM-StructuresCI@dot.state.fl.us](mailto:SM-StructuresCI@dot.state.fl.us), FDOT State Materials Office