

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

**AWS D1.6 STAINLESS STEEL**

Contractor/Organization:		Identification:	
Welding Process(es):		Revision:	Date:
Type:	Manual <input type="checkbox"/> Mechanized <input type="checkbox"/>	Authorized By:	By:
	Semiautomatic <input type="checkbox"/> Automatic <input type="checkbox"/>		Date:
<b>JOINT DESIGN USED</b>		<b>POSITION</b>	
Single <input type="checkbox"/> Double Weld <input type="checkbox"/>		Position of Groove:	
Backing: Yes <input type="checkbox"/> No <input type="checkbox"/>		Fillet:	
Backing Mat'l:		Vertical Progression: Up <input type="checkbox"/> Down <input type="checkbox"/>	
Root Opening:		<b>ELECTRICAL CHARACTERISTICS</b>	
Root Face Dimension:		Transfer Mode (GMAW):	
Groove Angle:		Short-Circuiting <input type="checkbox"/>	
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"/>	
<b>BASE METALS</b>		Other:	
Material Spec:		Tungsten Electrode (GTAW) Size:	
Type or Grade:	Base Metal Group:	Type:	
<b>TECHNIQUE</b>		Stringer or Weave Bead:	
Thickness: Groove:		Multi-Pass or Single Pass (per side):	
Fillet:		Number of Electrodes:	
Diameter (Pipe):		Electrode Spacing: Longitudinal:	
<b>FILLER METALS</b>		Lateral: Angle:	
AWS Specification:		Contact Tube to Work Distance: Peening:	
AWS Classification:		Interpass Cleaning:	
<b>SHIELDING</b>		<b>PREHEAT/INTERPASS</b>	
Flux:		Preheat Temp.:	
Gas:		Interpass Temp:	
Electrode-Flux Class:			
Gas Composition:			
Flow Rate:			
Gas Cup Size:			
<b>POSTWELD HEAT TREATMENT</b> Temp.:		Time:	

**WELDING PROCESS**

Pass or Weld Layer(s)	Process	Filler Metals		Current		Volts	Travel Speed IPM
		Class	Diam.	Type & Polarity	<input type="checkbox"/> Amps <input type="checkbox"/> Wire Feed Speed		

**FABRICATOR CONTACT INFORMATION**

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

**TENSILE TEST**

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

**GUIDED BEND TEST**

Specimen No.	Type of Bend	Result	Remarks

**VISUAL INSPECTION**

Appearance:	Radiographic-Ultrasonic Examination	
Undercut:	RT Report No.:	Result:
Piping Porosity:	UT Report No.:	Result:
Convexity:	<b>FILLET WELD TEST RESULTS</b>	
Test Date:	Minimum Size Multiple Pass	Maximum Size Single Pass
Witnessed By:	Macroetch	Macroetch
	1.                      2.	1.                      2
	3.	3.

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<b>All-Weld-Metal Tension Test:</b>	<b>Other Tests:</b>
Tensile Strength, psi (MPa):	
Yield Point/Strength psi (MPa):	
Elongation in 2 in., %:	
Laboratory Test No.	

<b>Joint Designation:</b>	<b>UPLOAD JOINT DETAILS</b>

Welder's Name:	Clock No.:	Stamp No.:
Tests Conducted By:	Test Number:	
<b>Include Laboratory Test Results and 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 the most current AWS D 1.6, <i>Structural Welding Code – Stainless Steel</i> .			
		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**