

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

AWS D1.6 WPS  
 Form # 675-070-14  
 March 2019

**PREQUALIFIED  QUALIFIED BY TESTING**   
**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"/>				Supporting PQR No. (s):		Date:							
<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):		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"/>									
<b>BASE METALS</b>				Other:									
Material Spec:				Tungsten Electrode (GTAW) Size:		Type:							
Type or Grade:		Base Metal Group:		<b>TECHNIQUE</b>									
Thickness: Groove:		Fillet:		Stringer or Weave Bead:									
Diameter (Pipe):				Multi-Pass or Single Pass (per side):									
<b>FILLER METALS</b>				Number of Electrodes:									
AWS Specification:		F Number:		Electrode Spacing: Longitudinal:									
AWS Classification:		A Number		Lateral:		Angle:							
<b>SHIELDING</b>				Contact Tube to Work Distance:		Peening:							
Flux: _____ Gas: _____				Interpass Cleaning:									
Electrode-Flux Class:				<b>PREHEAT</b>									
Gas Composition:				Preheat Temp. Min.:									
Flow Rate:		Gas Cup Size:		Interpass Temp: Min.:		Max.:							
<b>POSTWELD HEAT TREATMENT</b> Temp.:				Time:									
<b>WELDING PROCESS</b>							<b>FABRICATOR'S CWI DIGITAL SIGNATURE</b>						
Pass or Weld Layers	Process	Filler Metals		Current		Volts	Travel Speed IPM						
		Class	Diameter	Type & Polarity	<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