STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

FILLET WELD SOUNDNESS TEST (FWST) for Pipe

AWS D1 1

AW9 DI.1							
		FABRICATOR CO	ONTACT INFORM	MATION			
Facility Name:							
Facility Location:							
FWST No:			Date Tested:	Date Tested:		ist Code Year:	
Welding Process(es):							
Supporting PQR No.(s):							
Material Spec:			Type or Grad	de:			
Prepared By:				Pipe Diameter(s):			
T1 Thickness:			T2 Thickness:				
Filler Metal Specification:			Electrode Diameter:				
Filler Metal Classification:	,						
Shielding Gas (Composition %):			Gas Flow Ra	Gas Flow Rate:			
Electrode Manufacturer:			Electrode Bra	Electrode Brand Name:			
Flux Manufacturer:	Flux Brand N	Flux Brand Name:					
Voltage:						PS to be qualified)	
Amperage/WFS*:			(use production amperage/WFS* of WPS to be qualified)				
Travel Speed for Single Pa		Travel Speed for Multiple Pass:					
Polarity:							
Position of Welding:	□1F	□2F	□2F	Rotated	□4F	□5F	
* wire feed may be used in	lieu of current when	a correlation curve is provide			and electrode ext	ension	
	31	TEST RESULTS MACROS (1F, 2F, 2F Rotate			-n		
		Maximum Size	ed), 4 MACKOS	(41, 31) KEQUIKE	ام۔ Minimum	Sizo	
	Single Pass			Multiple Pass			
	Required Size				Required Size		
					rtequireu	Size	
	Pass/Fail			Pass/Fail			
Weld Size:	☐ Pass	☐ Fail		☐ Pass		Fail	
Cracking:	☐ Pass	☐ Fail		☐ Pass		Fail	
Fusion:	☐ Pass	 ☐ Fail		☐ Pass		Fail	
Weld Profile per 5.23.1:	☐ Pass	 ☐ Fail		☐ Pass		Fail	
Undercut > 1/32 inch:	☐ Pass	☐ Fail		☐ Pass		Fail	
2. AWS D1.1 Figure 9.2		for each non-prequalified Wl used	PS and position t	to be used in const	ruction		
Comments:							
We certify by our digital sig	gnatures below that th	e statements in this record a	are correct and th	nat the test welds w	vere prepared, we	elded, and tested in	
accordance with the requir	ements of the most c	urrent AWS D 1.1, Structura					
			Fabricator'	's AWS CWI #:	CW	I Exp. Date:	
5 1 1 1 5 1 1 1 N		D 1 0					
Fabrication Facility Name		Date Signed		E: 1 0\tau.	le		
			Inspection	Firm's CWI #:	CW	I Exp. Date:	
Commercial Inspection Fire	m Name (Welding Wi	tness) Date Signed					

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