STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

FILLET WELD SOUNDNESS TEST (FWST) for Plate

AWS D1.1

AWS UI.1						
		FABRICATOR COM	ITACT INFORM	MATION	_	
Facility Name:						
Facility Location:						
E.V.O.T. N.			<u> </u>		http://www.	
FWST No:			Date Tested:		List Code Year:	
Welding Process(es):						
Supporting PQR No.(s):			T			
Material Spec:			Type or Grad	e:		
Drawarad Dr.						
Prepared By: T1 Thickness:			To Thisles			
Filler Metal Specification:		T2 Thickness: Electrode Diameter:				
Filler Metal Classification:			Electrode Dia	meter.		
Shielding Gas (Composition)	n 0/ \·		Gas Flow Rat	ha:		
Electrode Manufacturer:		Electrode Brand Name:				
Flux Manufacturer:		Flux Brand Name:				
Voltage:		Flux biallu ive		on voltage of WPS to be qualified)		
Amperage/WFS*:		(use production voltage of WPS to be qualified) (use production amperage/WFS* of WPS to be qualified)				
Travel Speed for Single Pa		Travel Speed for Multiple Pass:				
Polarity:	155.		Triavel Speed	ioi iviuilipie rass.		
Position of Welding:	∏1F	∏2F		Пзғ	∏4F	
Ü		a correlation curve is provided	for the same e		<u>—</u>	
wire reed may be used in	ned of current when	TEST RESULTS (DED AWS D1 1	A Q A)	id electrode exterision	
		3 MACROTECH				
		Maximum Size			Minimum Size	
		Single Pass			Multiple Pass	
Requi		Required Size	ired Size		Required 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 4.1		e for each non-prequalified WPS e used	S and position t	o be used in constru	ction	
Comments:						
We certify by our digital sig	natures below that t	the statements in this record are	e correct and th	at the test welds wer	re prepared, welded, and tested in	
accordance with the requir	ements of the most	current AWS D 1.1, Structural				
			Fabricator's	s AWS CWI #:	CWI Exp. Date:	
Fabrication Facility Name		Date Signed				
			Inspection F	Firm's CWI #:	CWI Exp. Date:	
Commercial Inspection Fire	m Name (Welding W	/itness) Date Signed	_			
Commercial Inspection Firm Name (Welding Witness)		minoso, pate digited	1			

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