

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**FILLET WELD SOUNDNESS TEST (FWST)**

AWS D1.5 FWST  
 Form # 675-070-01  
 April 2019

**AWS D1.5**

**FABRICATOR CONTACT INFORMATION**

Facility Name:
Facility Location:

FWST No:	Date Tested:	List Code Year:
Welding Process(es):		
Supporting PQR No. (s):		
Material Spec:	Type or Grade:	

Prepared By:	
T1 Thickness:	T2 Thickness:
Filler Metal Specification:	Electrode Diameter:
Filler Metal Classification:	
Shielding Gas (Composition %):	Gas Flow Rate:
Electrode Manufacturer:	Electrode Brand Name:
Flux Manufacturer:	Flux Brand Name:
Voltage:	(use production voltage of WPS to be qualified)
Amperage/WFS*:	(use production amperage/WFS* of WPS to be qualified)
Travel Speed:	
Polarity:	
Position of Welding:	<input type="checkbox"/> 1F <input type="checkbox"/> 2F <input type="checkbox"/> 3F <input type="checkbox"/> 4F

\* wire feed may be used in lieu of current when a correlation curve is provided for the same electrode diameter and electrode extension

**TEST RESULTS (PER AWS D1.5 5.19.3)  
 3 MACROTECH TESTS REQUIRED**

	Fillet Size Required	
	Pass/Fail	
Weld Size:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Cracking:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Fusion:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Weld Profile per 3.6:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Undercut > 1/32 inch:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Notes:

1. Fillet weld soundness tests are required for all non-prequalified fillet WPSs
2. A fillet weld macrotech test shall be made for each non-prequalified WPS (size and position) to be used in construction
3. AWS D1.5 Figure 5.8 Test Plate D shall be used

**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 1.5, *Structural Welding Code – Steel*.

		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**