

FORM XII
(Regulation 613)

Record of Welder's Qualifications/Requalification Tests (Indian Boiler Regulations, 1950)

Place of test _____

Date _____

Name of Welder _____

Father's name _____

Date of birth _____ Address _____

Service of experience on Gas/Electric Arc _____ years

Signature of Welder _____

Name and addresses of the firms where trained _____

_____ Tested on _____ (Plate, Pipe, Branch, Tube)

Gas of electric A.C/D.C _____

Kind of test _____ Position _____

(Groove/Fillet/Branch)

Thickness of material used _____ Diameter and thickness of pipe,
_____ branch or tubes used _____

Quality of base material and electrode or filler rod _____

Results of Observations

Marks Marks

Maximum Awarded Maximum Awarded

PROCEDURE

1. Preparation of specimen : _____ 3
2. Size & grade of electrode or filler rod _____ 2
3. Number of runs and manipulation of control _____ 5

VISUAL INSPECTION

4. Root penetration _____ 10
5. Freedom from undercut _____ 5
6. Disposition of runs _____ 2

- 7. Uniformity of surface _____ 1
- 8. Shape of profile _____ 1
- 9. Smoothness of joints _____ 2
- 10. Freedom from cavities & slags _____ 5
- 11. Dimensions of weld deposit _____ 1
- 12. Quality of weld metal (overheating, surface cracks, spongy surface etc) _____ 3

PHYSICAL TEST

- 13. Face bend test _____ 10
- 14. Root bend test _____ 20

ETCH TEST

- 15. Disposition of runs _____ 2
- 16. Degree of fusion _____ 5
- 17. Root penetration _____ 11
- 18. Slags inclusions and porosity _____ 5

FRACTURED SURFACE

- 19. Quality of weld metal (Excessive oxidation, carburization, overheating, roughness, porosity, appearance) _____ 7 _____ 100 _____

Signature of Competent Authority

OBSERVATION ON RADIOGRAPHIC EXAMINATION (if conducted) _____

Marks awarded _____ % _____

Results of Oral or Written examination _____

Marks awarded _____ % _____

GENERAL REMARKS OF COMPETENT AUTHORITY _____

TYPE AND CLASS OF WELDING QUALIFIED _____ in Gas or Electric Arc welding.

PERIOD OF VALIDITY OF CERTIFICATE

FROM _____ TO _____

PLACE _____

DATE _____

COMPETENT AUTHORITY