

# EARLBECK GASES & TECHNOLOGIES

8204 PULASKI HWY • BALTIMORE, MARYLAND • 21237 • ESTABLISHED 1919

## SEND-IN WELDER QUALIFICATION TEST DATA SHEET

|                                    |                       |               |
|------------------------------------|-----------------------|---------------|
| Shaded areas for Earlbeck Use Only |                       |               |
| Received Date _____                | Ticket # _____        | ETL # _____   |
| Part # _____                       | Standard Test # _____ | Results _____ |

**PRINT CLEARLY** the below information for each coupon sent. *(If we can not read the information, your papers may be incorrect.)*  
**EACH TEST COUPON MUST BE IDENTIFIED WITH THE WELDERS ID# AND POSITION**

Test results normally require 5 business days after receipt. When testing is completed, the Customer Contact will be notified of the results. If you have not been contacted within 10 business days of sending the coupons, feel free to contact Tyler Smith at tsmith@earlbeck.com or

|  |  |  |   |   |   |                                       |                                |
|--|--|--|---|---|---|---------------------------------------|--------------------------------|
| MANDATORY INFORMATION  | Customer Name  |  | Welder's Name   |   |   |                                       |                                |
|  | Customer Address   |  | Welder's ID#<br><i>(Last four #'s of SSN or Company ID #)</i> |   |   |                                       |                                |
|  |  |  | Date of Weld Test   |   |   |                                       |                                |
|  | Customer Contact   |  | Payment Method  | <input type="checkbox"/> COD  | <input type="checkbox"/> Bill Account #           |                                       |                                |
|  |  |  |   | PO Number   |   |                                       |                                |
|  | Contact Email  |  | Customer given results  |   | Date  | Init.                                 |                                |
|  | What Welding Code was used for this test?                          |  | <input type="checkbox"/> AWS D1.1 (Structural Steel)          | <input type="checkbox"/> AWS D1.2 (Structural Alum.)                    | <input type="checkbox"/> AWS D1.6 (Structural SS) |                                       |                                |
|  |  |  | <input type="checkbox"/> AWS D17.1 (Aerospace)                | <input type="checkbox"/> ASME IX (Boiler Code)                          | <input type="checkbox"/> Other: _____             |                                       |                                |
|  | What is your Welding Procedure Specification name or number? _____ |  |   |   |   |                                       |                                |
|  | What Welding Process(es) were used?                                |  | <input type="checkbox"/> SMAW                                 | <input type="checkbox"/> GTAW   | GMAW/(  | <input type="checkbox"/> Short arc    | <input type="checkbox"/> Spray |
|  |  | Describe Multi-process or any other conditions _____ |   | <input type="checkbox"/> Pulse)   | <input type="checkbox"/> FCAW                     |                                       |                                |
| Joint type   |  | <input type="checkbox"/> Groove                      | <input type="checkbox"/> Fillet                               | Backing <i>(Describe any other backing type in "Other information")</i> |   | <input type="checkbox"/> With Backing |                                |
|  |  |  |   | <input type="checkbox"/> Welded both sides                              | <input type="checkbox"/> No backing               |                                       |                                |
| In what position(s) was welding done?                                |  | <input type="checkbox"/> Flat                        | <input type="checkbox"/> Horizontal                           | <input type="checkbox"/> Vertical Up                                    | <input type="checkbox"/> Vert. Down               | <input type="checkbox"/> Overhead     |                                |
| Base Metal Spec. & Grade?<br><i>(A36, A106-B, B209-6061T6, etc.)</i> |  |  | Plate Thickness? _____ or Pipe Dia. & Sch.? _____             |   |   |                                       |                                |
| Filler Metal Class?<br><i>(E7018, ER70S-3, E71T-1, etc.)</i>         |  |  | Diameter(s) Used? _____                                       |   |   |                                       |                                |
| Shielding Gas?<br><i>(75Ar/25CO2, Argon, etc.)</i>                   |  |  | Backing Gas Used? _____                                       |   |   |                                       |                                |

**Other Information?** \_\_\_\_\_

Please review the information to be submitted with the test coupon(s), enter your name & sign the below certification statement.

I certify that this information provided to Earlbeck Gases & Technologies is true and accurate. I understand that Earlbeck Gases & Technologies only provides processing of the welder qualification test coupon(s) in accordance with the specified code and that the "certification" of a welder is their employer's certification by signature as to the accuracy of the information on the Welder Performance Qualification Record.

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

EARLBECK USE ONLY

**VISUAL INSPECTION**  ACCEPT  REJECT INIT \_\_\_\_\_ DATE \_\_\_\_\_

**GUIDED BEND TEST RESULTS** INIT \_\_\_\_\_ DATE \_\_\_\_\_

| Sample# | Type | Width | Thickness | Bend Dia. | Pass | Fail | Comments |
|---------|------|-------|-----------|-----------|------|------|----------|
|         |      |       |           |           |      |      |          |
|         |      |       |           |           |      |      |          |
|         |      |       |           |           |      |      |          |
|         |      |       |           |           |      |      |          |

Comments: \_\_\_\_\_