

## Weld Qualification Submittal Worksheet

Customer Job Information							
Customer Name:				Contact:			
Email Address:				Phone:			
Welding Code:				P.O. #:			
Welder Performance:				PQR Testing:			
Material Spec/Grade.:				☐ Weld Procedure or ☐ PQR #:			
PES Job Information							
Work Order #:			i	Date Received:			
Weld Qualification Information							
	PES Sample #	Welder Name	Wel	lder ID	Process	Position	Thickness
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Please check all applicable boxes below.							
Return Excess Material			Dispo	ose of Exce	ss Material	Return Test Samples	