



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 #:

Date Received:

Weld Qualification Information

	<i>PES Sample #</i>	<i>Welder Name</i>	<i>Welder ID</i>	<i>Process</i>	<i>Position</i>	<i>Thickness</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Please check all applicable boxes below.

Return Excess Material

Dispose of Excess Material

Return Test Samples