



**When to Use
This Form**

This Packet is to be used in conjunction with the procedures listed below whenever pipeline welding is performed.

**Reviewed
Procedures**

- ☐ P-192.225 *Pipeline Welding*
- ☐ P-191.241 *Visual Inspection of Welds*
- ☐ P-192.243 *Non Destructive Testing of Welds*
- ☐ P-192.245 *Repair or Removal of Weld Defects*

The applicable sections of the above procedure(s) shall be reviewed prior to completing this form.

**Documentation
Procedure**

1. Copy form and replace original. Do not mark up the original copy of this form.
2. Gather data and complete the form for each welding project.
 - a. The following steps refer to the *Daily Welding Inspection* section of this form:
 - b. Complete Description section of form.
 - c. Assign number to each weld and indicate approximate station.
 - d. Indicate welders' marks at welds.
 - e. Place and "X" in appropriate boxes to indicate which welder mark corresponds to which weld.
 - f. Complete NDT section for each tested weld.
 - g. For each weld tested, circle the corresponding "X".
 - h. Indicate total number of welds and total number of tested welds for each mark at the bottom of the column.
 - i. Perform the indicated calculations to obtain actual percentage of welds tested.
3. Attach maps identifying weld locations.
4. Place form in project file.
5. Retain Records for the Life of the Pipeline System.



General Information

System:	Segment:	Class Location:
<input type="checkbox"/> New Construction <input type="checkbox"/> Replacement	Drawing References:	
Contractor:	Date Started:	Date completed:

Were Company Welding procedures used? (49 CFR 192.225)

☐ Yes; Procedure Number:

Complete Welding Procedure Qualification Test section of this packet if a new procedure. If the procedure has already been qualified, where is the documentation of the test?

☐ No; Attach Contractor procedure and qualification documentation.

List welders and the location of there qualification documents: (49 CFR 192.227)

Welder Name	Location of Qualification Documentation	Date of Needed Re-qualification

List verification of inspector conducting visual inspection of weld: (49 CFR 192.241)

Method of Verification:

Signature of Inspector:

Signature of Person
Checking Qualification:

List verification of Non-destructive Testing Technician Qualification: (49 CFR 192.243)

Total Number of Girth Welds:

Number of Welds NDTed:

Number of Welds Failing Test:

Disposition of failed welds:

Note: Attach report from inspector. Ensure he uses a qualified procedure and provides a copy of the procedure and documentation that it was qualified. If this is not available, use the Radiographic Procedure Qualification portion of this packet to qualify the procedure. Also attached to this packet is a log for inspecting welds to be used if needed.

Signature of
Technician:


Signature of Person
Checking Qualification:




Welding Procedure Qualification Test (192.225)

General Data	Test date:		Location:	
	Joint Type: <input type="checkbox"/> V. Butt <input type="checkbox"/> Fillet <input type="checkbox"/> Nozzle <input type="checkbox"/> Groove <input type="checkbox"/>		Pipe Position: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	
	Weld repair <input type="checkbox"/> Other:			
	Nozzle Position: <input type="checkbox"/> Horizontal <input type="checkbox"/> Flat <input type="checkbox"/> Overhead		Welding Position: <input type="checkbox"/> Fixed <input type="checkbox"/> Roll	
	Line Up Clamps: <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> None			
	When line-up clamp removed:		Cleaning Method:	
Test Material	Grade:		Type:	
	Wall: in.		Diameter: in.	
Thermal Data	Ambient: °F	Preheat: °F	Interpass: °F	
	Preheat Method:			
Welding Data	Welding process:	Electrode Group:	Vertical Welding Direction: <input type="checkbox"/> Down <input type="checkbox"/> Up	
		Or Class:		
	Application:		Number of welders:	
	Shielding gas or flux:			
	Machine Polarity:		Power Source:	



Qualification Scope	Diameter Group (O.D.- in.) <input type="checkbox"/> 2 3/8 to 12 3/4 <input type="checkbox"/> over 12 3/4		Wall Group (In.): <input type="checkbox"/> Less than 3/16 <input type="checkbox"/> 3/16 to 3/4 <input type="checkbox"/> Over 3/4		
	Electrode Group:	Vertical Welding Direction: <input type="checkbox"/> Down <input type="checkbox"/> Up		Min. Base Metal Temperature: °F	
	Or Class:				
	Material Grades:		Travel Speed change:	Increase: %	
				Decrease: %	
	Pipe or nozzle incline: ° to °		Maximum time lapse (Min.):	Between 1 st & 2 nd passes:	
				Between other passes:	
	Joint Type: <input type="checkbox"/> V. Butt <input type="checkbox"/> Fillet <input type="checkbox"/> Nozzle <input type="checkbox"/> Groove <input type="checkbox"/> Weld repair <input type="checkbox"/> Other:				
	Remarks:				
Engineering Certification:					
Management Approval:					
Joint Design Sketch: 					



Bead Sequence Sketch (if not shown above): 

(number in accordance with the following table)

Bead Number	Electrode	Size (in.)	Current (amps)	Voltage (volts)	Speed (in./min.)	Time Lapse Between Beads (min.)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Test Results	Tensile Tests (psi)		Min:	Max:	Avg:
	Hardness Tests Scale:		Min:	Max:	Avg:
	Code or Standard: <input type="checkbox"/> API <input type="checkbox"/> ASME	Tests Passed: <input type="checkbox"/> Tensile <input type="checkbox"/> Face bend <input type="checkbox"/> Side bend <input type="checkbox"/> Macro exam <input type="checkbox"/> Nick Break <input type="checkbox"/> Root bend <input type="checkbox"/> Hardness <input type="checkbox"/> Visual			
	Remarks:				
	Company Inspector(s):				



Radiographic Procedure Qualification (192.243(a))

General	Contractor:		Location:		Date:	
	Lead Radiographer (Name):					
	Soc. Sec. No.:			SNT Qual. Level:		
	NDT Standard Followed: <input type="checkbox"/> API 1104 <input type="checkbox"/> ASTM 142 <input type="checkbox"/> ASME VIII <input type="checkbox"/> OTHER (Specify):					
Procedure Details	Object(s) Tested:			Pipe Contents:		
	<input type="checkbox"/> Butt Weld <input type="checkbox"/> Groove Weld <input type="checkbox"/> Fillet Weld <input type="checkbox"/> Branch Weld			<input type="checkbox"/> Empty <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Specify:		
	Radiation Source:		Radiation Strength		Radiation Location:	
	<input type="checkbox"/> X-ray <input type="checkbox"/> Iridium <input type="checkbox"/> Other (Specify):		Curies:		<input type="checkbox"/> External <input type="checkbox"/> Internal	
			kV:			
	Focal Spot Size (in.):	Source to object Distance (in.):	Object to film Distance (in.):	Distortion (in.):		
	Wall thickness (in.)	Pipe:	Branch:	Sleeve:		
	Diameter (in.)	Pipe:	Branch:	Radiation to Film Angle: °		
	Number of Exposures:		Filters	Type:	Location:	
			Screens	Type:	Location:	
	Thickness of Weld Radiographed (in.):	Steel Thickness Equivalence:		Exposure (Minimum) Time: hrs.		
	Film Type:	Manufacturers Designation:		Class Designation:		
	<input type="checkbox"/> Opaque <input type="checkbox"/> Transparent			<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV		
	Film Processing:		Processing	Temperature: °F		
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic		Development: min.				
		Stop Bath: min.				
		Fixing: min.				
		Wash: min.				



Results	Density (H & D)	Min.:	Max.:
	Minimum Visible Pentrameter	Thickness:	Smallest Hole:
Qualification Scope	Object Tested: <input type="checkbox"/> Butt or Groove Weld <input type="checkbox"/> Fillet or Branch Weld		Pipe Contents: <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Specify:
	Radiation to film angle range From: To:	Diameter Range (in.) From: To:	Steel wall thickness (Equiv.) Range (in.) From: To:
	Comments:		
	Qualification Certification:		
	Management Approval:		



Visual Welding Inspection (192.241)

Description		From:						To:					
Percent of welds to be nondestructively tested: %								Comment:					
Percent of welders' welds to be nondestructively tested %								Comment:					
NO. GW¹	Weld Inspections												
	Approximate Station of Weld	Welder(s) mark(s) at weld						Weld Disposition			Comment(s)		
								Accept	Repair	Replace			
Welding inspector:						Approval:				Date of inspection:			

¹ Girth Weld



Daily Welding Inspection (192.243(f))

Description		From:						To:					
Percent of welds to be nondestructively tested: %								Comment:					
Percent of welders' welds to be nondestructively tested %								Comment:					
NO. GW²	Weld Inspections												
	Approximate Station of Weld	Welder(s) mark(s) at weld						Weld Disposition				Comment(s)	
							NDT	Accept	Repair	Replace			
(a) Total No. of X's circled								(y)	% Welds NDT = (y) / (z) x 100 = %				
(b) Total No. of G.W.								(z)	Weld pass Welder marks				
(a) / (b) x 100 = % of welder's welds nondestructively tested									Root (first) Hot (second) Filler & Cap Repairs				
Welding inspector:						Approval:						Date of inspection:	

² Girth Weld