



The Indian Institute of Welding ANB

Welding Test witnessing Data Record

BUTT WELD



Name of Candidate:

ID / Registration No:

Organization:

Location:

Code/Standard:

Date of test:

Joint Design	Welding Sequence

Parameters

JOINT TYPE		Process		Position	
Material type		thickness	mm	Pipe dia / thickness (mm)	
Electrode/Wire type		Size	mm		
Root run: Voltage (V)		Ampere (A)		Arcing Time (S):	
2 nd run (V)		(A)			
3 rd run (V)		(A)			
4 th run (V)		(A)			
5 th run (V)		(A)			
6 th run (V)		(A)			
7 th run (V)		(A)			
8 th run (V)		(A)			
9 th run (V)		(A)			
10 th run (V)		(A)			
Torch Angle		Direction:	Forehand / Backhand	Weld bead pattern	Stinger / Weaving
Shielding gas used		Gas flow	litres / minute		

Visual Check: Butt Weld

Sl. No	Nature of Defect, if Any	Acceptable	Not acceptable	Remark / Reason
1	Arc strike / Stray arcing			
2	Re-start			
3	Weld width			
4	undercut			
5	Spatter			
6	Porosity			
7	Bead appearance			
8	Crack / Distortion			

General Remarks of Examiner on visual check:

Other Skills Check: Oral Examination

Following of safety rules:	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor
Test coupon fit up:	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor
Job Knowledge:	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor
Process Knowledge:	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor
Equipment Knowledge:	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor

General Remarks:

Post Weld Tests *As Applicable based on Code or WPQR*

Item No	Nature of Test	Remark with Ref * to Test Report	Pass / Fail
1	Visual		
2	Ultrasonic		
3	Radiography		
4	Bend-Side		

*Original Laboratory Report Ref (Attested copy to be retained by Examiner)

Final Remarks:

Authorised Examiner:

Signature:

Date: