

# QUALIFICATION TEST RECORD

<b>No.</b>	1594	<b>Manufacture.</b>	יעקב פורת	
Name: יהודה פורת		I.D. No. 27954262		
Joint Welding Procedure		Butt	<input checked="" type="checkbox"/> Welder <input type="checkbox"/> Welding Operator	
WPS No.		1058		
<b>TEST WELD</b>				
Base Metal Description		316L	Group No. IIA	
Welding Process		GTAW	<input checked="" type="checkbox"/> Single Weld <input type="checkbox"/> Double Weld	
Current		AC <input type="checkbox"/> DCEN <input type="checkbox"/> DCEP <input checked="" type="checkbox"/>	Backing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N.A	
Vertical		Down <input type="checkbox"/> Up <input type="checkbox"/>	Penetration <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Partial	
Filler metal or electrode classification		ER316L	F No. 6	Gas Ar.    Backing Gas NO
		Position	Dimension, mm	
Sheet Groove	<input checked="" type="checkbox"/> 1G <input type="checkbox"/> 2G <input type="checkbox"/> 3G <input type="checkbox"/> 4G		t	1.6
Tube Groove	<input type="checkbox"/> 1G <input type="checkbox"/> 2G <input type="checkbox"/> 5G <input type="checkbox"/> 6G	OD	t	
Sheet Fillet	<input type="checkbox"/> 1F <input type="checkbox"/> 2F <input type="checkbox"/> 3F <input type="checkbox"/> 4F		t	
Tube Fillet	<input type="checkbox"/> 1F <input type="checkbox"/> 2F <input type="checkbox"/> 4F <input type="checkbox"/> 5F	OD	t	
<b>TEST RESULTS</b>				
Visual	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail			
Radiographic	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail			
Metallographic	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Bend	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Penetrant	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
<b>QUALIFIED</b>				
Base Metal Group No.		IIA	<input checked="" type="checkbox"/> Single Weld <input checked="" type="checkbox"/> Double Weld	
Current		AC <input type="checkbox"/> DCEN <input type="checkbox"/> DCEP <input checked="" type="checkbox"/>	Backing <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vertical		Down <input type="checkbox"/> Up <input type="checkbox"/>	Penetration <input checked="" type="checkbox"/> Complete <input checked="" type="checkbox"/> Partial	
		Position	t, mm	O.D."
			Min	Max
Sheet Groove	<input checked="" type="checkbox"/> 1G <input type="checkbox"/> 2G <input type="checkbox"/> 3G <input type="checkbox"/> 4G		1.07	6.4
Tube Groove	<input checked="" type="checkbox"/> 1G <input type="checkbox"/> 2G <input type="checkbox"/> 5G <input type="checkbox"/> 6G		1.07	6.4
Sheet Fillet	<input type="checkbox"/> 1F <input type="checkbox"/> 2F <input type="checkbox"/> 3F <input type="checkbox"/> 4F		---	---
Tube Fillet	<input type="checkbox"/> 1F <input type="checkbox"/> 2F <input type="checkbox"/> 4F <input type="checkbox"/> 5F		---	---
The above-named individual is qualified in accordance with AWS D17.1(2017) within the above limits for the welding process used for this test weld.				
Original certification date:		18/09/2007	Signed by	
Current certification date:		18/09/2025	Zvika Itzkovich	
Expiration Date:		18/09/2027	ICWI 10025	

