



Welder Performance Record
For 60 psig and Less

Codes & Standards
Publication Date: 10/22/2014
Effective Date: 1/1/2015
TD-4160P-30-F01, Rev. 1

Name: PEREZ-HUERTA, JUAN E Date: 8/21/18 [X] PASS [ ] FAILED
Last Name, First Name Expiration - last day of sixth month from date.

Per. ID.: [Redacted] Lan ID.: [Redacted]
PG&E employee PG&E employee

S.S. No.: XXX-XX- Welder ID No.:

Weld Process: [ ] OAW [X] SMAW [ ] GMAW [ ] Destructive Test OR [X] Visual Verification Test

Pipe Diameter: 6" Pipe Spec: 5L Grade: B Wall Thickness: .188

Visual Verification Test ONLY (Do not use same form for destructive testing)

Butt Weld Appearance: [X] Satisfactory [ ] Unsatisfactory Remarks:

Destructive Test ONLY (Do not use same form for visual verification testing)

Butt Weld Appearance: [ ] Satisfactory [ ] Unsatisfactory Remarks:
Visual inspection before destructing:
Location Penetration Fusion Burn through Undercutting Cracks Results
Top [ ] S [ ] U [ ] S [ ] U [ ] S [ ] U [ ] S [ ] U [ ] P [ ] F
Side [ ] S [ ] U [ ] S [ ] U [ ] S [ ] U [ ] S [ ] U [ ] P [ ] F
Bottom [ ] S [ ] U [ ] S [ ] U [ ] S [ ] U [ ] S [ ] U [ ] P [ ] F
Side [ ] S [ ] U [ ] S [ ] U [ ] S [ ] U [ ] S [ ] U [ ] P [ ] F
Branch Weld Appearance: [ ] Satisfactory [ ] Unsatisfactory Remarks:
Visual inspection before destructing:
Penetration Fusion Burn through Undercutting Cracks Results
Knock Off [ ] S [ ] U [ ] S [ ] U NA [ ] S [ ] U [ ] S [ ] U [ ] P [ ] F
Sleeve Weld Appearance: [ ] Satisfactory [ ] Unsatisfactory Remarks:
Visual inspection Only:

Key: S = Satisfactory U = Unsatisfactory P = Pass F = Fail

Test Administrator: GILLASPY, JAY Signature: [Redacted]
Last Name, First Name

Employee's supervisor MUST be notified of disqualification of welder.

Supervisor name: Date notified:

Company Personnel Only
Memo To File: Complete the memo if the individual has not performed any qualification tests or verification welding test in the past 6 months.
This memo verifies that the supervisor of the above individual (and individual if at work) were notified that individual is no longer qualified to perform this type of welding from the start date listed below. The individual is not qualified to weld until a destructive test is successfully passed. All attempted re-qualification test records will be filed.
Please provide a brief explanation or reason for expired qualification.
Start date: Explanation:
Signed by: Signature:



Welder Performance Record
For 60 psig and Less

Codes & Standards
Publication Date: 10/22/2014
Effective Date: 1/1/2015
TD-4160P-30-F01, Rev. 1a

If completing this form by hand, use non-erasable blue or black ink.

Name: PEREZ-HUERTA, JUAN E. Date: 2/6/19 [X] PASS [ ] FAILED
Last Name, First Name Expiration - last day of sixth month from date.

Per. ID.: [Redacted] Lan ID.: [Redacted]
PG&E employee PG&E employee

S.S. No.: XXX-XX- Welder ID No.:

Weld Process: [ ] OAW [X] SMAW [ ] GMAW [X] Destructive Test OR [ ] Visual Verification Test

Pipe Diameter: 6" Pipe Spec: 5L Grade: B Wall Thickness: .188

Visual Verification Test ONLY (Do not use same form for destructive testing)

Butt Weld Appearance: [ ] Satisfactory [ ] Unsatisfactory Remarks:

Destructive Test ONLY (Do not use same form for visual verification testing)

Table with columns: Location, Penetration, Fusion, Burn through, Undercutting, Cracks, Results. Rows for Top, Side, Bottom, Side.

Branch Weld Appearance: [X] Satisfactory [ ] Unsatisfactory Remarks:
Table with columns: Penetration, Fusion, Burn through, Undercutting, Cracks, Results. Row for Knock Off.

Sleeve Weld Appearance: [X] Satisfactory [ ] Unsatisfactory Remarks:

Key: S = Satisfactory U = Unsatisfactory P = Pass F = Fail

Test Administrator: GOTCHER, THOMAS C. Signature: [Redacted]
Last Name, First Name

Employee's supervisor MUST be notified of disqualification of welder.

Supervisor name: Date notified:

Company Personnel Only

Memo To File: Complete the memo if the individual has not performed any qualification tests or verification welding test in the past 6 months.

This memo verifies that the supervisor of the above individual (and individual if at work) were notified that individual is no longer qualified to perform this type of welding from the start date listed below. The individual is not qualified to weld until a destructive test is successfully passed. All attempted re-qualification test records will be filed.

Please provide a brief explanation or reason for expired qualification.

Start date: Explanation:

Signed by: Signature: