

## 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  Last Name, First Name								8/21/18 - last day o		⊠ PASS	_	AILED	
Per. ID.:					Lan ID.:				*			•	
PG&E employee				PG&E employee									
S.S. No.: 2	XXX-XX-				Welder _ ID No.:		<del></del>						
Weld Prod	cess: 🔲 🤇	MAC	⊠sm	AW [	]GMAW	☐ Des	structive	Test C	OR 🛛	Visual V	erificatio	n Test	
Pipe Diameter: 6" Pipe Spec: 5L Grade: B Wall Thickness: .188								8					
Visual Ve	rificatio	n Test (	ONLY	' (Do not	use same	e form f	or destri	uctive tes	tina)				
Butt Weld					Appearance:					Remarks:			
				<u>                                   </u>	stactory	Uns	atistacio	iry					
Destructi		ONLY (	Do no	nt use sa				ation testi	ing)				
Butt Weld	•					Appearance: isfactory  Unsatisfactory				Remar	KS:		
Visual inspe				usion	Burn th			rcutting	Cr	acks	Re	suits	
Location Top	Penetr	U	□s		S	U	□ S		□s	U	ΠP	□ F	
Side	□ S	HU	⊟s		ll s		∏ S	Ħΰ	∏s	ΠŪ	⊟' <sub>P</sub>	☐ F	
Bottom	□s	님이	Ħš	=	□ s	ĦŬ	Π̈́s	ΠŬ	H s	HŪ	ПР	∏ F	
Side	⊟s		Π̈́s		Пs	ΠŪ	Πs	ΠŪ	Ħš	ΠŪ	ПР	F	
O.GO	· — ·			<u></u>			<del></del>						
Branch Weld			Appearance:			Remarks:							
				<del></del>	sfactory Unsatisfactory								
	Penetr			usion	Burn th			rcutting		acks	Res	sults F	
Knock Off	∐S	<u></u> ∪ ∪	☐ S	<u></u> U	) N/	4	□ S	U	<u> </u>	U	<u>                                     </u>	<u> </u>	
Sleeve W	eld				Appe	arance:				Remark	<b>(\$</b> :		
Visual ins					tisfactory	ory							
Key:		atisfacto	ory	U =	Unsatisfa	octory	F	P = Pass		F	= Fail		
Test Administrator: GILLASPY, JAY				,	Signature:								
I GSL AGIII	แแอแสเบเ			, First Name				Oigilatai	0.				
	Em				r MUST b	e notifi	ed of di	squalific	ation of	welder.			
Supervisor name:			Date notified:										
					Compon	. Paras	nnal Or	.hv			<del></del>		
Memo To		omplete th	e mem	o if the indi	Company vidual has not	performe	any qualif	ication tests	or verificati	ion welding t	est in the p	east 6	
qualified to	verifies that perform this	the super s type of w	velding	from the s	e individual e start date list n test records	ed below.	The Indivi	work) were dual is not	notified that qualified to	at individua weld untif	l is no lon a destruct	ger live test is	
04-4-1-4			F !		•		•	tion or reas	-	-	ation.		
Start date	٠.			anation:									
	··												



## Welder Performance Record For 60 psig and Less

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

Name: PEREZ-HUERTA, J	UAN E.	Date: 2/6/19									
Per. ID.: PG&E employee	Lan ID.:	mployee		÷							
S.S. No.: XXX-XX-	Welder ID No.:		<u></u>								
Weld Process: ☐OAW ☐SMAW ☐GMAW ☐ 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	Appearance: Remarks: sfactory Unsatisfactory									
Destructive Test ONLY (Do not use same form for visual verification testing)											
Butt Weld	Appearance	:	Remarks:								
Visual inspection before destructing:  Location Penetration F	Satisfactory ☐ Unusion Burn through	Undercutting	Cracks	Results							
Top S U S		S □U	S □U	Nesults   F							
Side S U S		⊠s ∏u	⊠s ⊓u	⊠P □F							
Bottom S U S	S 🗌 U 🖂 S 🔲 U	⊠s □U	⊠s ⊓u	⊠P □F							
Side S US		⊠s □u	⊠s □u	⊠P □F							
Branch Weld	Appearance		Remarl	(e.							
Visual inspection before destructing:	Satisfactory Un	satisfactory	1 Cirian	νο.							
	usion Burn through		Cracks	Results							
Knock Off S U S			⊠s □u	⊠P ∏F							
Sleeve Weld	Appearance		Remark	/e·							
Visual inspection Only:	☐ Satisfactory ☐ Un	,	Neman	ivernains.							
Key: S = Satisfactory	U = Unsatisfactory	P = Pass	F:	= Fail							
Test Administrator: GOTCHER, THOMAS C. Signature: Signature:											
Employee's su	pervisor MUST be notif	ied of disqualifica	ition of welder.								
Supervisor name:		Date notified:									
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.											
Start date: Exp	1 4.	Please provide a brief explanation or reason for expired qualification.									
Signed by:	Sig	gnature:		.							