

Welder History Record / Boilermaker Local 169

NAME _____ WELDER ID No. _____

PROJECT NAME AND / OR LOCATION _____

CUSTOMER / OWNER _____

Welding Process(es)	Date First Used	Date Last Used
<input type="checkbox"/> SMAW (STICK)	_____	_____
<input type="checkbox"/> GTAW (HELI ARC)	_____	_____
<input type="checkbox"/> OTHER _____	_____	_____

Welding Quality: Satisfactory Unsatisfactory Remove from Contractor List

We certify that the qualifications of the welder, for the process(es) indicated above, have been maintained current as specified by QW-322 of ASME Section IX, current edition and addenda.

CONTRACTOR: _____

PROJECT SUPERINTENDENT: _____

DATE: _____

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