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| DOTLOGO2 | | | | | | | | | | | | | | | **Qualification Test for Welders**  **and Welding Procedures** | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | |
| Date: |  | | | | |  | | | | | | | | | | | | | | | | | | |
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| Company: | |  | | | | | | | | | | | | | Location: | |  | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Person to be Qualified: | | | | | | | | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Reinforcing Steel Manufacturer: | | | | | | | | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Identifying Bar Making: | | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Size of Reinforcing Bars: | | | | | | | | | | | Longitudinal: | |  | | | | |  | Vertical: | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Position of Welding\*:  Flat  Vertical-up | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Welding Machine and settings: | | | | | | | | | |  | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Amperage: | | |  | | | | | | Polarity:  Straight  Reverse Current:  AC  DC | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Welding Rod: | | | | Type: | | | | |  | | | Mfg. | |  | | Mfg. Designation | | | |  | | Size |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Samples marked as follows: | | | | | | | |  | | | | | | | | | | | | | | | |  |
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| Remarks: | | | | | | | | | | | | | | | | | | | | | | | | |
| BMPR PS01 - formerly W-1 | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: If joint configuration detail has vertical bar to left, weld position is flat (downhand) and welder/weld procedure is only qualified for flat. If joint configuration detail has horizontal bar to left, then weld must be vertical-up and welder/weld procedure is qualified for flat or vertical-up. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| IDOT Inspector Name (Print) | | | | | | | | |  | | | | | | | | | | | | | | |  |
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| IDOT Inspector Signature | | | | | | |  | | | | | | | | | | | | | | | | |  |
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