



Welding & Joining Management Group

FORENSIC EXPERTS • METALS TESTING

WORK REQUEST FORM

Fill out form as completely as possible in order to expedite processing.

Company:		Contact:	
Address:		City:	State:
Zip:	Phone:	Fax:	Client PO #:
Type of Material / Condition:		Specification:	
Model #:	Part #:	Serial #:	Lot / Job #:
Size:	Cast / Heat Date:	Sample #:	

BEND TEST:
Machining by: WJMG Client
Spec / Std: _____

FILLET WELD BREAK TEST:
Machining by: WJMG Client
 Single Pass Multi Pass
Spec / Std: _____

MACRO-ETCH:
 Fillet Weld Nick Break

NICK BREAK:
Machining by: WJMG Client
Spec / Std: _____

IMPACT TEST:
CVN / Izod @ _____ °F/°C Ft lbs/Joules _____
Machining by: WJMG Client
Standard / Spec: _____
AASHTO / ASTM: _____
Heat / Coil #: _____

TENSILE TEST:
Machining by: WJMG Client
Spec / Std: _____

TORQUE TEST:
 Small Bolts Studs
Spec / Std: _____

METALAX:
 Stress Relief Weld Conditioning
Special Notes: _____

HARDNESS TEST:
 Rockwell Brinell Vickers Knoop
Spec / Std: _____

POST WELD HEAT TREATMENT:

PEEL TEST:
Joining Process for Peel Test:
 Solder Braze Weld
Base Material | Filler Material
Specification: _____
Type: _____
Grade: _____
Condition: _____

ALLOY ANALYSIS:
ARL3460: Cuttings Solid
NITON XLt: Cuttings Solid
 WJMG Offsite

NONDESTRUCTIVE TEST:
 MT PT VT UT
 Other: _____
Written Practice / Procedure: _____

WELDER CERTIFICATION: *(Include WPS#/PQR, welder name and ID, company, material type and thickness, diameter, process, joint, position, filler metal, etc. WPS, PQR, WQTR will not be processed without the proper documents.)*
 WPS PQR WQTR
 Manual Robotic PWHT
 Automatic Semi-automatic
Base Metal provided by: WJMG Client

CERTIFICATION:
 WJMG Shop Client Shop
Equipment to be certified: _____

OTHER:

TEST RESULTS:
 Call with results Fax Mail E-mail Will pick up Return test samples

Form 6000-A – Rev. 1

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