



# Welding & Joining Management Group

FORENSIC EXPERTS • METALS TESTING

## WELDER PERFORMANCE CONTINUITY RECORD (Effectiveness in 6 Month Increments)

Welder's Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Qualified \_\_\_\_\_ Continuity Duration: \_\_\_\_\_ through: \_\_\_\_\_

Welding Process (only 1): SMAW \_\_\_\_\_ GTAW \_\_\_\_\_ FCAW \_\_\_\_\_ GMAW \_\_\_\_\_  
WQTR # &/or WPS #: \_\_\_\_\_

Organization Name: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Continue with Form below when Welder is with the same Organization over 6 months.

Six Month Period		By (Signature):	Welder (Signature):	Date:
From:	To:			

Welder Qualification Test Report (WQTR) shall be attached. The Welder shall weld using the welding process identified on the WQTR attached. The period of effectiveness shall be considered as remaining in effect indefinitely unless (1) the Welder is not engaged in the specific welding process of welding for which the welder is qualified for a period exceeding six months or (2) there is some specific reason to questions the welder's ability.

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_