

# TRIANGLE ENGINEERING

## Weld Testing Request

*To process testing this form must be submitted with your samples.*

*When mailing samples, send ATTN: TESTING*

Company \_\_\_\_\_ Test Date \_\_\_\_\_

PO # (attach copy) \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Processing Time: Standard (3-5 days)  Expedite

Test code \_\_\_\_\_ Return samples (\$25) Yes  No

PWHT Yes  No  Code \_\_\_\_\_ Time / Temp \_\_\_\_\_

Qualification Type: Weld Performance  Procedure  WPS # \_\_\_\_\_

Welder Name \_\_\_\_\_ Welder ID # \_\_\_\_\_

Test Witness \_\_\_\_\_

Base Metals (dia. / thickness, spec and grade) \_\_\_\_\_

Filler Metal (AWS Classification) \_\_\_\_\_

Joint Configuration \_\_\_\_\_

Welding Processes (GTAW, SMAW, etc.) and Type (Manual, Semiautomatic, etc.) \_\_\_\_\_

GMAW Transfer Mode \_\_\_\_\_

Position and Progression \_\_\_\_\_

***DO NOT WRITE BELOW – TEI USE ONLY***

Date Received \_\_\_\_\_ Received By: \_\_\_\_\_

TEI Specimen # \_\_\_\_\_

Visual Inspection Accept  Reject  Performed By: \_\_\_\_\_