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: _____