

Joint Technique Qualification Form



Employee: _____ Date of test: _____

Manufacturer: _____ Type of joint: _____

Size of pipe: _____ SDR of pipe: _____

Material description: _____

Visual inspection

Sample number:	Results	Remarks
1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
4	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
5	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____

Inspected by: _____ Date: _____

Burst test

Sample number:	Results	Remarks
1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
4	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
5	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____

Inspected by: _____ Date: _____

Tensile test

Sample number:	Results	Remarks
1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
4	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
5	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____

Inspected by: _____ Date: _____

Deflection test

Sample number:	Results	Remarks
1	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
2	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
4	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
5	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____
6	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____

Inspected by: _____ Date: _____