Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9
www.tssa.org

Clear Form

Print Form

Welder/Welding Operator Certificate

Technical Standards and Safety Act
Boilers and Pressure Vessels Regulation

No.

Welder's Last Name	Initial	First Name	Signature: Please Print and Sign	Stamp No.
Residence Address			Postal Code	Provincial Registration No.
Employer Name				Company PQR No.
Street Address				Company WPS No.used
			Postal Code	

Welding Process(es) Used — **Type(s)** ☐ manual ☐ machine ☐ semi-automatic ☐ automatic

Base Metal Spec. and Type/Grade or UNS No. — **Thickness(es)** — ☐ Test Coupon ☐ Production Weld

Variables for All Processes	Actual Values	Range Qualified
Backing (with/without)		
Base metal P-Number to P-Number	_____ to _____	
( ) Plate ( ) Pipe (enter diameter if pipe or tube)		
Filler metal specification (SFA) and classification (QW-404) (info. only)		
Consumable insert for GTAW or PAW (QW-404)		
Welding position (1G, 5G, etc.) (QW-405)		

Manual or Semi-automatic Variables (QW-350)	Actual Values	Range Qualified
Filler metal F-No. (QW-404)		
Filler metal product form for GTAW, PAW (QW-404)		
Weld deposit thickness for each welding process (QW-404)		
Process 1:_____ 3 layers minimum ☐ Yes ☐ No		
Process 2:_____ 3 layers minimum ☐ Yes ☐ No		
Vertical progression (uphill/downhill) (QW-405)		
GTAW, PAW or GMAW backing gas; or OFW fuel gas (QW-408)		
GMAW transfer mode (spray/globular or pulse to short circuit) (QW-409)		
GTAW welding current type & polarity (AC, DCEP, DCEN)(QW-409)		

Machine Welding Variables (QW-361.2)	Actual Values	Range Qualified
Direct or remote visual control		
Automatic arc voltage control (GTAW)		
Automatic joint tracking		
Multiple or single pass per side		

Automatic Welding Variables (QW-361.1)	Actual Values	Range Qualified
Filler metal used ☐ Yes ☐ No (EBW or LBW)		
Laser type for LBW (CO_2 to YAG etc.)		
Continuous drive or inertia welding (FW)		
Vacuum or out of vacuum (EBW)		

Note: Values in "Range Qualified" are valid only when used with a Qualified Welding Procedure.

RESULTS

Visual Examination of Completed Weld (QW-302.4) _____

☐ Transverse root and face bends [QW-462.3(a)]; ☐ Longitudinal root and face bends [QW-462.3(b)]; ☐ Side bends (QW-462.2);
☐ Pipe bend specimen, corrosion-resistant overlay [QW-462.5(c)]; ☐ Plate bend specimen, corrosion-resistant overlay [QW-462.5(d)];
☐ Pipe specimen, macro test for fusion [QW-462.5(b)]; ☐ Plate specimen, macro test for fusion [QW-462.5(e)]

Type	Result	Type	Result	Type	Result	Type	Result

Alternative volumetric examination results (QW-191)_____ ☐ RT or UT ☐ (check one)

Fillet weld — fracture test (QW-181.2) _____ Length and percent of defects _____

☐ Fillet welds in plate [QW-462.4(b)] ☐ Fillet welds in pipe [QW-462.4(c)]

Macro examination (QW-184) _____Fillet size (in.) _____ x _____ Concavity/convexity (in.) _____

Other tests _____

Film or specimens evaluated by (print name) _____ Company _____

Mechanical tests conducted by (print name) _____ Laboratory test no. _____

Welding supervised by (print name) _____

Test requested by (print name) _____ Tested at (print address): _____

We certify that the statements in this record are correct and that the test coupons were prepared, welded, and tested in accordance with the requirements of Section IX of the ASME Boiler and Pressure Vessel Code.

Organization _____ Signature: Please Print and Sign Date _____ (dd-mm-yyyy)

FOR TSSA INSPECTOR USE ONLY

The Welder named above has passed the welding test required under Ontario's ***Technical Standards and Safety Act,*** Boilers and Pressure Vessels Regulation and is hereby authorized, subject to the limitations of this certificate.

Check (✔) applicable box below:

☐ To weld for the Employer named above only.
☐ For seeking employment only.

This Certificate expires: _____ (dd-mm-yyyy)

Please Print, Sign, and Date

Inspector Name and Number (Print) _____ Inspector Signature and Date _____