

## WORK REQUEST FORM

**Client name:** \_\_\_\_\_

**Client address:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_ **Request date:** \_\_\_\_\_

**Email ID:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

**Purchase order:** \_\_\_\_\_ **Project /Job No.:** \_\_\_\_\_

**Job site address:** \_\_\_\_\_

**Job date & time:** \_\_\_\_\_

**Part description:** \_\_\_\_\_

**Identification:**

PQR/WPS No: \_\_\_\_\_ Joint type: \_\_\_\_\_

Process: MMAW/GMAW/FCAW/SAW Position: 1 / 2 / 3 / 4 / 5 / 6 - F / G

Welder: \_\_\_\_\_ Welder ID: \_\_\_\_\_

Thickness & Ø : \_\_\_\_\_ Weld No: \_\_\_\_\_

**Material grade:** \_\_\_\_\_

**Weld consumable:** \_\_\_\_\_

**Test specification:** AS 3992 / 1210 / 4041 / 4037 / 1554. \_\_\_ 2885.2 Tier \_\_ ASME IX / B31.3 / \_\_\_  
 / DNV / ISO Other

**Required test methods:** (double click on the check boxes to select test)

<input type="checkbox"/> x Visual scanning / inspection / weld test	<input type="checkbox"/> x Impact test – Parent / weld zone / HAZ
<input type="checkbox"/> x Penetrant test - Fluoro / Colour contrast	<input type="checkbox"/> x Macro / microstructure test
<input type="checkbox"/> x Magnetic particle – fluoro / colour contrast	<input type="checkbox"/> x Hardness Vickers / Rockwell / Brinell / other
<input type="checkbox"/> x Eddy current test / ECA / PEC / Tube test / IRIS	<input type="checkbox"/> x Chemical analysis / Material Identification
<input type="checkbox"/> x Ultrasonic test – flaw detection / thickness test	<input type="checkbox"/> x Ferrite count - Metallographic
<input type="checkbox"/> x Radiography – X-ray / Gamma-ray / CRT	<input type="checkbox"/> x Corrosion test – G48 / A262 / AS 2038
<input type="checkbox"/> x Tensile test – include 0.2%PS / ROA	<input type="checkbox"/> x PMI –Portable Spectroscopy (OES)
<input type="checkbox"/> x Weld tension test - Transverse / All weld	<input type="checkbox"/> x PMI –Positive material identification (XRF)
<input type="checkbox"/> x Bend test / Compression test	<input type="checkbox"/> x Heat Treatment required
<input type="checkbox"/> x Fracture / Nick / Fillet break Test	<input type="checkbox"/> x

**Other tests:** \_\_\_\_\_

**Work scope discussed with:** \_\_\_\_\_

**Test witness required:** No / Yes - When

**Special instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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