

Welding Inspection Checklist

Pre-Welding Inspection

Verifies preparation and conditions *before* welding begins.

Joint Thickness (min/max)	
Enter a number	
Do at Con (in also alread)	
Root Gap (inches/mm)	
Enter a number	
Bevel Angle (degrees) Enter a number	
Joint Type	
Butt	
☐ Fillet ☐ Corner	
Lap	

Surface Conditions	
Clean	
Rust	
Mill Scale	
☐ Paint	
Contamination	
Notes on Surface Conditions/Preparation	
Write something	
Pre-Weld Photo(s) L Upload File	
Date of Pre-Weld Inspection	
Enter date	
Welder Qualification & Documentation Confirms welder credentials and related paperwork are current and compliant.	
Welder ID Number	
Enter a number	

Welding Process Qualification
SMAW (Stick)
GMAW (MIG)
GTAW (TIG)
FCAW (Flux-Cored)
Other (Specify in Long Text)
If 'Other' Process Selected, Specify:
Write something
Qualification Expiration Date
Enter date
Welder Qualification Certificate (PDF/Image)
♣ Upload File
Current Status
Active
☐ Inactive
Suspended
Hours Welded for Qualification
Enter a number

Material Verification

Ensures correct material types, grades, and dimensions are used.

Material Thickness (inches/mm)
Enter a number
Material Grade
A36
A572 Grade 50
ASTM 1018
Other (Specify)
Material Specification (e.g., ASTM A36)
Write something
Material Traceability Information (Heat Number, etc.)
Write something
Material Coating (if applicable)
None
Galvanized
☐ Painted
Other (Specify)

Coating Type (if applicable)	
Write something	
oint Preparation necks joint surfaces for cleanliness, bevel angle, root gap, and any imperfections.	
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Root Gap (mm)	
Enter a number	
Bevel Angle (degrees)	
Enter a number	
Surface Cleanliness Rating (1-5, 1=Poor, 5=Excellent)	
Enter a number	
Cleaning Method Used	
Grinding	
Wire Brushing	
Sandblasting	
Mechanical Cleaning	
Chemical Cleaning	

Notes on Joint Condition/Preparation	
Write something	
Joint Preparation Photos (Pre-Weld)	
♣ Upload File	
Joint Type	
Butt	
Lap	
T-Joint	
Corner Joint	
Molding Dropodure Chapition (MDC)	
Compliance	
Compliance	
Compliance	
Compliance Confirms the welding process adheres to the specified WPS requirements.	
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☐ Yes ☐ No ☐ N/A Welding Process (e.g., SMAW, GMAW, GTAW) ☐ SMAW	

Preheat Temperature (°C)	
Enter a number	
Interpass Temperature (°C)	
Enter a number	
Welding Current (Amps)	
Enter a number	
Shielding Gas Type (If applicable)	
Argon	
CO2	
Argon/CO2 Mix	
Other	
☐ Not Applicable	
Notes on WPS Compliance Observations	
Write something	

Visual Weld Inspection (During & After)

Detailed visual examination of the weld for defects and adherence to acceptance criteria.

Weld Bead Width (mm)
Enter a number
Weld Bead Height (mm)
Enter a number
Undercut Depth (mm)
Enter a number
Overlap (mm)
Enter a number
Weld Profile (Cross-Section)
☐ Convex ☐ Concave
☐ Flat
Other - Specify Below
Describe Other Weld Profile (if selected)
Write something

Presence of Slag Inclusions	
Yes	
No	
Uncertain	
Describe any Weld Defects Observed (e.g., porosity,	cracks, etc.)
Write something	
Upload Weld Photographs (Front, Side, Cross-Section	on)
4 Upload File	
Overall Weld Appearance (General Condition)	
Write something	
Non-Destructive Testing (NDT)	
Includes various NDT methods such as Radiography, Ultra	sonic Testing, Magnetic Particle
Testing, and Liquid Penetrant Testing, as required.	
NDT Method Performed	
☐ Visual Testing (VT)	
Radiographic Testing (RT)	
Ultrasonic Testing (UT)	
Magnetic Particle Testing (MT)	
Liquid Penetrant Testing (PT)	
Other (Specify)	

Description of NDT Procedure Used	
Write something	
NDT Results Report (e.g., RT film, UT data)	
4 Upload File	
UT Scan Angle (Degrees)	
Enter a number	
RT Exposure Time (Seconds)	
Enter a number	
Acceptance Criteria Used	
ASME Section V	
AWS D1.1	
Project Specification	
Other (Specify)	
Details of any Indications Found (Size, Location, Type)	
Write something	

Disposition of Indications Acceptable Repair Reject	
Post-Weld Heat Treatment (PWHT) Verifies proper PWHT procedures if required by the design or sp	ecification.
Maximum Heating Rate (°C/hr or °F/hr)	
Enter a number	
Soaking Temperature (°C or °F)	
Enter a number	
Soaking Time (Hours)	
Enter a number	
Cooling Rate (°C/hr or °F/hr)	
Enter a number	
Heating Method Furnace Induction Flame Other (Specify in LONG_TEXT)	

Write something	
Start Date/Time of PWHT	
Enter date	
End Date/Time of PWHT	
Enter date	
Any deviations from the specified PWHT procedur	e?
Write something	
PWHT Inspector Signature	

Documentation & Record Keeping

Ensures all inspection results, welder certifications, WPS, and other relevant documents are properly recorded and maintained.

Enter a number...

Welding Completion Date
Enter date
WPS Number Used
WPS-001
WPS-002
WPS-003
Other (Specify in Long Text)
Notes/Comments on WPS Application (If 'Other' selected above)
Write something
Welder Qualification Certificates
♣ Upload File
WPS Document (Copy)
4 Upload File
Inspection Results Summary
Write something

nspector Name	e (Printed)		
Write something			