



Industrie Service



1 Welder's qualification test certificate

- 2 Certificate No.: 14.056.749
- 3 Designation(s): **ISO 9606-1 141 T BW/FW FM5 S s2 D50.0 H-L045 ss nb**
- 4 WPS-Reference: 42/17
5
Examining body: TÜV SÜD Czech
- 6 Welder's name: **Patrik HOFFMAN**
- 7 Identification: 209494267
- 8 Method of identification: Identity card
- 9 Date and place of birth: 1973-04-16, Jablonec nad Nisou
- 10 Employer: POTRUBMONT s.r.o.
- 11 Code / testing standard: PED 2014/68/EU, EN ISO 9606-1:2017

- 12 Supplementary fillet weld test: Yes
- 13 Job knowledge: Acceptable

14	Test piece	Range of qualification
15 Welding process(es);	141 TIG / GTAW	141, 142, 143, 145
16 Transfer mode	-	-
17 Product type (plate or pipe)	T Pipe/Tube	T, P, Pipe branch $\geq 60^\circ$
18 Type of weld	BW Butt weld	BW, FW
19 Parent material group(s)	8.1	1 to 11; 142 only 8.1
20 Filler material group(s)	FM5	FM5, nm
21 Filler material typ(s)	S	S, M, nm
22 Shielding gas / flux	EN ISO 14175-11	-
23 Auxiliaries	-	-
24 Type of current and polarity	DC- (= -)	-
25 Material thickness t (mm)	-	FW: 2.00 to 4.00
26 Deposited thickness (mm)	2.00 (2 Layers)	2.00 to 4.00
27 Outside pipe diam. (mm)	50.00	≥ 25.00
28 Welding position(s)	H-L045 (6G)	BW: PA, PC, PE, PF; (W, H, Ü, S); FW: PA, PB, PD, PE, PG
29 Weld details	ss nb	ss (nb, mb, gb, fb), bs
30 Multi layer / single layer	FW: sl	FW: sl, ml

- 31 Additional information: —
Parent metal: 1.4301. Filler: OK Tigrod 308L. The requirements of the Pressure Equipment Directive 2014/68/EU approval of personnel Annex I, 3.1.2 are fulfilled.

32	Type of tests	Performed and accepted	Not tested
33	Visual testing	X	-
34	Radiographic testing	X (BW)	-
35	Fracture test	X (FW)	-
36	Bend test	-	X
37	Notch tensile test	-	X
38	Macroscopic examination	-	X
39	Additional tests	-	X

Name and Signature:
Ing. Radek Dolejš



TÜV SÜD Czech s.r.o.
Notified body 1017

Revalidation method: **9.3 a**
Place, date: Praha: 2021-09-20
Date of welding: 2021-09-14
Validity until: **2024-09-13**

- 41 Revalidation for qualification by examiner or examining body for the following 2 years (refer to 9.3 b)

42	Date	Signature	Position or title
		N/A	

Confirmation of the validity by welding coordinator / examiner or examining body for the following 6 months (refer to 9.2)

Date	Signature	Position or title

- 43 TÜV SÜD Czech s.r.o., Novodvorská 994/138, 142 21 Praha 4, Phone: +420 239 046 800, Fax: +420 239 046 805

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