



Industrie Service



1 Welder's qualification test certificate

- 2 Certificate No.: 14.056.751
- 3 Designation(s): **ISO 9606-1 141 T BW/FW FM3 S s12 D50.0 H-L045 ss nb**
- 4 WPS-Reference: 31/17 Examining body: TÜV SÜD Czech
- 5
- 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) 5.1	1 to 11; 142 only 5.1
20	Filler material group(s) FM3	FM1, FM2, FM3, nm
21	Filler material typ(s) S	S, M, nm
22	Shielding gas / flux EN ISO 14175-I1	---
23	Auxiliaries -	---
24	Type of current and polarity DC- (= -)	---
25	Material thickness t (mm) -	FW: ≥ 3.00
26	Deposited thickness (mm) 12.00 (≥ 3 Layers)	≥ 3.00
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: 13CrMo4-5. Filler: OK Tigrod 13.12. 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			
34	Visual testing	X	-
35	Radiographic testing	X (BW)	-
36	Fracture test	X (FW)	-
37	Bend test	-	X
38	Notch tensile test	-	X
39	Macroscopic examination	-	X
40	Additional tests	-	X

Name and Signature:
Ing. Radek Dolejš

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

Revalidation Place, date: Praha, 2021-09-20
 method: Date of welding: 2021-09-14
 9.3 a 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

Translation of printed text on the reverse side × Übersetzung des Formblattes auf der Rückseite × Traduction des rubriques imprimés au verso × Překlad textu na druhé straně certifikátu
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