

## Joint Technique Qualification Form

Employee:	Date of Test:
Manufacture:	Type of Joint:
Size of Pipe:	SDR of Pipe:
Material Description:	

### Visual Inspection

Sample #	Results: (PASS/FAIL)	Remarks
1		
2		
3		
4		
5		
6		
Inspected by:	Date:	

### Burst Test

Sample #	Results: (PASS/FAIL)	Remarks
1		
2		
3		
4		
5		
6		
Tested by:	Date:	

### Tensile Test

Sample #	Results: (PASS/FAIL)	Remarks
1		
2		
3		
4		
5		
6		
Tested by:	Date:	

### Deflection Test

Sample #	Results: (PASS/FAIL)	Remarks
1		
2		
3		
4		
5		
6		
Tested by:	Date:	