

**QW-485 SUGGESTED FORMAT FOR DEMONSTRATION OF STANDARD WELDING
PROCEDURE SPECIFICATIONS (SWPS)
(See Article V)**

Identification of Standard Welding Procedure Specification Demonstrated _____

Demonstration Welding Conditions

Specification, Type, and Grade or UNS Number of Base Metal(s): _____

to Specification, Type, and Grade or UNS Number of Base Metal(s): _____

Base Metal P- or S- Number _____ To Base Metal P- or S- Number _____ Thickness _____

Welding Process (es) used _____

☐ Plate ☐ Pipe (Enter Diameter, of Pipe or Tube) _____

Groove Type (Single V, Double V, Single U, etc.) _____

Initial Cleaning Method _____

Backing (with/without) _____

Filler Metal (SFA) Specification: _____

Filler Metal or Electrode Classification _____

Filler Metal or Electrode Trade Name _____

Size of Consumable Electrode or filler metal _____

Tungsten Electrode Classification and Size for GTAW _____

Consumable Insert Classification and Size for GTAW or PAW _____

Shielding Gas Composition and Flow Rate for GTAW, PAW, GMAW (FCAW) _____

Preheat Temperature _____

Position (1G, 2G, etc.) of Weld _____

Progression (Uphill or Downhill) _____

Interpass Cleaning Method: _____

Measured Interpass Temperature : _____

Approximate Deposit Thickness for Each Filler Metal or Electrode Type _____

Current Type / Polarity (AC, DCEP, DCEN) _____

Postweld Heat Treatment Time and temperature: _____

Visual Examination of Completed Weld (QW-302.4) _____ Date of Test _____

Bend Test (QW-302.1) ☐ Transverse Root and Face [QW-462.3 (a)] ☐ Side [QW-462.2]

Type	Result	Type	Result	Type	Result

Alternative Radiographic Examination Results: (QW-302.2) _____

Specimens Evaluated by _____ Title _____ Company _____

Welding Supervised by _____ Title _____ Company _____

Mechanical testing by: _____ Laboratory Test no. _____

Welder's Name _____ Stamp No. _____

We certify that the statements in this record are correct and that the test coupons were prepared, welded and tested in accordance with the requirements of Section IX of the ASME Code.

Manufacturer or Contractor: _____

By: _____ Date: _____ Demonstration Number _____