

QUALIFICATION TEST - P.E. JOINING

Company: _____

Person testing: _____ Location: _____

Employed by: _____

Manufacturer of pipe: _____ S.D.R.: _____ Size: _____ Density: _____

Is equipment within manufacturer specs? Yes No

Description of test	Qualified	Date	Signed by Inspector
Butt fusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Sidewall fusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Socket fusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mechanical: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Electrofusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Comments: