

Post-Weld Heat Treatment (PWHT) Report

Job/Project Name:

Report No.:

Date:

Location:

PWHT Procedure No.:

Component Description:

Drawing/Isometric No.:

Material Specification:

Weld Joint No.:

Thickness (mm):

Diameter (mm):

Heating Equipment Used:

Thermocouple No(s). & Location:

Recorder No.:

Operator Name:

Supervised By:

PWHT Cycle Details:

Parameter	Required	Actual
Heating Rate (°C/hr)		
Soak Temperature (°C)		
Soak Time (hr)		
Cooling Rate (°C/hr)		

Observations/Remarks:

Inspector Name & Signature:

Date: