UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's Name

J	A	M	E	S						L	R	O	B	E	R	T	S										

UA Card Number

9	8	7	6	0	5	4	3	2

UA Testing Local

1	6	8	

WELDER CONTINUITY INFORMATION

Indicate the last date the process was used

SMAW:	0	2	/	2	8	/	0	7	* Manual Welding
GTAW:	0	3	/	0	8	/	0	7	* Manual Welding
GMAW:	0	3	/	1	2	/	0	7	* This includes Flux-Cored Arc Welding (FCAW)
Automatic or Machine Welding (GTAW):			/			/			* This includes orbital welding
Torch Brazing:			/			/			* Non Med-Gas

We certify that the statements made on this record are correct:

Ohio Fabricators Ltd.

Manufacturer/Contractor Company Name

Leonard Walker

Signature of Company Representative

March 14, 2007

Date Signed

Leonard Walker, QC Manager

Printed Name & Title of Company Representative

Local Union 168

UA Local Union Number

Robert Burton

Signature of UA ATR

March 14, 2007

Date Signed

Robert Burton

Printed Name of UA ATR

Mail To: The UA Testing Local shown above, ATTN: UA Authorized Testing Representative