

Appendix 1

Weekly Return - Aluminothermic Welding / Adjustment

Note: Preprinted forms should be printed in "Foolscap"

Welder's Name	
License No.	
Week Ending	

Welder's Signature	
Welder's Home Station	
Supervisor's Signature	

Date	
Date	

Ultrasonic Operator	
Name	
Signature	

WELDER TO COMPLETE															PERSON IN CHARGE OF ADJUSTMENT TO COMPLETE						RAIL FLAW DETECTION OFFICER TO COMPLETE						
Weld Location					Weld Detail										Adjustment Details						Ultrasonic and Alignment Test						
Line No.	Date	Code	Track	Km	Rail (U/D)	Rail Size	Weld Reason (Code)	Batch No.	Weld No.	Weld Type (Code)	Site Conditions /Codes			Steel in-Steel out			Km		Rail				Team Leader to sign	Date	OK Y/N	Rail Flaw Report Completed Y/N OR Align't Failure No.	Punch Mark Check
											Weld	Weather	Track	Before	After	Rail Temp °C	From	To	Rail Temp °C	Actual Gap mm	Required Gap mm	Add(A) or Remove (R) mm					
1																											
2																											
3																											
4																											
5																											
6																											
7																											
8																											
9																											
10																											

NOTES

Associated Work	Signature	Comments
Have welds been packed?	YES NO	
Are rail ends & closures crowed to correct curvature? (where radius is < 800m)	YES NO	
Was track on design alignment when adjusted? If NO, attach Detailed alignment measurements	YES NO	
Have creep marks been established or reset? If NO, attach details	YES NO	