

U.A. Welder Continuity Log

Date: _____

Contractor: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Welder's Name: _____

Weld Process	Last Date Welded
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SMAW (stick)	_____
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GTAW (manual tig)	_____
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Welder ID Number: _____

Signature: _____

(Contractor Representative)

Submit to:

Attention: JATC Coordinator

St. Paul Pipefitters JATC

1301 L'Orient Street

Saint Paul, MN 55117

Phone: 651-455-5282

Fax: 651-444-8808

Email: bill.lombard@local455jatc.com

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