

Performance Profile Sheet



Module 29101 has no Performance Profile Sheet;
performance testing is not required for this module.

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Performance Profile Sheet



Craft: Welding Level One, 6th Ed.

Module: 29102

Module Title: Oxyfuel Cutting

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(P) Passed: performed task

(F) Failed: did not perform task

Be sure to list the date the testing for each task was completed.

Recognition:

When testing for the NCCER Training Program, record performance testing results and submit completion dates through NCCER's online Testing System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
3	Set up oxyfuel cutting equipment.				
3	Light and adjust an oxyfuel torch.				
3	Shut down oxyfuel cutting equipment.				
3	Disassemble oxyfuel cutting equipment.				
3	Change gas cylinders.				
4	Cut instructor-specified shapes from various thicknesses of steel.				
4	Wash metal with oxyfuel equipment.				
4	Gouge metal with oxyfuel equipment.				
4	Cut straight lines and bevels either with a track cutter or manually with/without a guide.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form on the signature lines to follow.

Signatures:

I understand and acknowledge that, by my signature below, I am confirming that I personally performed all tasks listed on this Performance Profile in the presence of the above-named Performance Evaluator. I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Candidate/Trainee: _____ Date: _____

I understand and acknowledge that, by my signature below, I am confirming that I personally observed the above-named trainee successfully complete all the tasks listed on this Performance Profile in accordance with applicable policies and procedures set forth in the current edition of the NCCER Accreditation Guidelines and Program Compliance (“NCCER Guidelines”). I understand that any and/or all of my NCCER credentials/certifications may be subject to revocation if it is subsequently determined that this Performance Profile was not delivered in accordance with NCCER Guidelines.

Performance Evaluator: _____ Date: _____

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Performance Profile Sheet



Craft: Welding Level One, 6th Ed.

Module: 29103

Module Title: Plasma Arc Cutting

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(P) Passed: performed task

(F) Failed: did not perform task

Be sure to list the date the testing for each task was completed.

Recognition:

When testing for the NCCER Training Program, record performance testing results and submit completion dates through NCCER's online Testing System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
3	Set up plasma arc cutting equipment.				
3	Select amperage, gas pressure, and flow rate appropriate to the metal type and thickness.				
3	Square-cut metal with plasma arc cutting equipment.				
3	Bevel-cut metal with plasma arc cutting equipment.				
3	Pierce and cut slots in metal with plasma arc cutting equipment.				
3	Dismantle and store plasma arc cutting equipment.				

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Performance Profile Sheet



Craft: Welding Level One, 6th Ed.

Module: 29104

Module Title: Air-Carbon Arc Cutting and Gouging

TRAINEE NAME: _____

TRAINING PROGRAM SPONSOR: _____

INSTRUCTOR: _____

Rating Levels:

(P) Passed: performed task

(F) Failed: did not perform task

Be sure to list the date the testing for each task was completed.

Recognition:

When testing for the NCCER Training Program, record performance testing results and submit completion dates through NCCER's online Testing System.

OBJECTIVE	TASK	RATING	DATE	START TIME	END TIME
3	Set up air-carbon arc cutting equipment.				
3	Select and install air-carbon arc cutting electrodes.				
3	Gouge metal with air-carbon arc cutting equipment.				
3	Wash metal with air-carbon arc cutting equipment.				
3	Dismantle and store air-carbon arc cutting equipment.				

Please make sure that both the Candidate/Trainee and Performance Evaluator sign and date this form on the signature lines to follow.

Signatures:

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Candidate/Trainee: _____ Date: _____

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Performance Evaluator: _____ Date: _____

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