# MOHAWK VALLEY COMMUNITY COLLEGE

UTICA-ROME, NEW YORK

## COURSE OUTLINE

I.CATALOG DESCRIPTION:

MT 170 Oxy Acetylene Welding Procedures C-2, P-6, Cr-4

This course covers the theory, methods, and use of acetylene equipment to oxy-weld and cut in all positions. Welding supply fee required.

III.COURSE OBJECTIVES:

This is the first of seven sequence designed to provide the student with a background history of oxy-acetylene and their processes, including proper selection, adjustment and care of equipment. There will be extensive practice in welding of non-ferrous and ferrous metals in all positions using various A.W.S. A.S.M.E. codes. Also special emphasis will be placed on proper safety.

Student Learning Outcomes:

1. Demonstrate and understand the history of oxy-acetylene welding and their processes, including proper selection, adjustment and are of equipment.
2. Demonstrate how to weld non-ferrous and ferrous metals using a variety of A.W.S. A.S. M.E. codes.
3. Demonstrate how to use proper safety.
4. Demonstrate how to weld non ferrous and ferrous metals.
5. Demonstrate different techniques in OAW.
6. Demonstrate weld positions.
7. Be able to recognize the general history and contributions of other diverse cultures to the welding craft.

IV.DETAILED COURSE OUTLINE: MAJOR TOPICS

Week Assignment Information & Task Detail

1. Readings Welding Skills (pg. 1-8) Chapter 1

Questions for study and discussion

1 Readings Welding Skills (pg. 9-30) Chapter 2

Quiz Safety in shop and in welding

Questions for (pg. 31-47) Chapter 3

2 Readings Safety and Joint design

Questions for study (pg.49-62) Chapter 4

Questions for study (pg.63-70) Chapter 5

Practical Lab 1 and 2

Quiz Equipment and Operation

3 Real life situation OAW & OFC Questions for study

(pg. 71- 86) Chapter 6

Questions for study (pg.87-90) Chapter 7

Practical Lab 3 and 4

Quiz Positions

4 Readings Welding Journal

Questions for study (pg.309-313) Chapter 25

5 Report History OAW OFC

# **COURSE NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **DATE FACULTY NAME CHANGE INPUT MEASUREMENT ASSESSMENT ACTION**

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