

QUALIFICATION REVIEW REPORT FOR THE NATIONAL BOARD "R" CERTIFICATE OF AUTHORIZATION



Date(s) of Review: _____ Review Type (check all that apply): New Renewal Re-Review

Certificate No.: _____ Certificate Expiration Date: _____

Is all information on the originally submitted application verified as correct? Including mailing address, scope and all punctuation (i.e. periods, dashes, commas, etc.) & abbreviations within the company name and address.

- YES, all the information on the originally submitted application is verified as correct.
- NO, the information on the originally submitted application has been changed/corrected. Attached is a revised application showing any changes/corrections with the applicants initials next to each change/correction.

1. Organization's name and physical address (as it is to appear on Certificate & as it appears on the QC Manual):

Name

Division (when applicable)

Abbreviation (when applicable)

Street

City

State/Province

Country

Postal Code

2. Scopes:

Activity

- Repairs Only
 Alterations Only
 Repairs and Alterations

Location

- Shop Only
 Field Only
 Shop and Field

Material

- Metallic Design Only
 **Non-Metallic
 ** Graphite RP

3. Does the company work on specification cargo tanks in accordance with the Department of Transportation (DOT) requirements?

- Yes No

4. Description of Implementation (scopes including alterations or re-rating require a design package review):

Describe Vessel, Boiler or Part: _____

Overall Dimensions: _____

Original Code of Construction: _____ Edition: _____ If applicable, Addenda: _____

Design Pressure: _____ Design Temp: _____ MAWP: _____ @ _____ MDMT: _____ @ _____

Code of Construction Demonstrated: _____ Edition: _____ If applicable, Addenda: _____

Component	Material	Thickness – Class - Schedule	

Check One: Repair Alteration Fabrication

Company Name: _____

5. Has the company been authorized by the National Board to perform repair/alteration activities at multiple locations under a single "R" Certificate of Authorization?

NO

YES → If YES, choose the applicable below:

All information on the Approval Notice has been verified as correct.

The information on the Approval Notice has been revised/corrected. **Attached is a copy of the Approval Notice showing the corrections/revisions with the applicants initials next to each correction/revision.**

6. Manual and Implementation Checklist: (Please complete the following checklist)

Note: All manual deficiencies, whether left open or closed, must be noted on Attachment 1 . All implementation deficiencies, whether left open or closed, must be noted on Attachment 2 . Corrective action taken to close these deficiencies must be described on the applicable attachments.		MANUAL REVIEW			IMPLEMENTATION		
		Acceptable	Unacceptable O = Open C = Closed	Not Applicable	Acceptable	Unacceptable O = Open C = Closed	Not Applicable
No.	Category						
1.	Authorizations						
2.	Title Page						
3.	Contents Page						
4.	Scope of Work						
5.	Statement of Authority and Responsibility						
6.	Manual Control						
7.	Organization						
8.	Drawings, Design, and Specifications						
9.	Repair Methods						
10.	Alteration Methods						
11.	Materials						
12.	Method of Performing Work						
13.	Multiple Locations						
14.	Field Controls						
15.	Welding						
16.	NDE						
17.	Heat Treatment						
18.	Examination and Tests						
19.	Calibration						
20.	Acceptance and Inspection of Repair or Alteration						
21.	Inspections						
22.	Control of "R" Symbol Stamp						
23.	Report of Repair or Alteration Form						
24.	Exhibits						
25.	Construction Code						
26.	Correction of Nonconformities						
27.	Records Retention						

Company Name: _____

7. Manual presented to the team at the start of this review: Edition: _____ Revision: _____ Date: _____

8. Was the manual accepted prior to the exit meeting?
 No Yes → Edition: _____ Revision: _____ Date: _____

9. Does the applicant have all parts of the current edition of the NBIC? Yes No

10. RENEWAL APPLICANTS ONLY:
 Has the applicant used its "R" Certificate of Authorization within the last certification period? Yes No

11. Comments/Remarks: List any further information the team believes is important, including any additional discussions at the exit meeting, lack of team concurrence, or instructions for completion of AIA follow-up, and list any attachments to this QRR.

[Click here to add additional comments/remarks](#)

12. DOES THE TEAM RECOMMEND ISSUANCE OF THE "R" CERTIFICATE OF AUTHORIZATION?

YES YES, with a 30-day AIA Follow-up on Form NB-232 NO, recommend re-review

13. All attendees should be listed on an attendance sheet (the attached NB-237 or the ASME attendance sheet), and the attendance sheet should be attached to this QRR.

Team Leader (print name)	Signature	Date	Team Leader No.	
Repair Inspector Supervisor/ Technical Manager (print name)	Signature	Date	Nat'l Bd #	Endorsement
Repair Inspector (print name)	Signature	Date	Nat'l Bd #	Endorsement
Jurisdiction Representative (print name)	Signature	Date	Nat'l Bd #	Endorsement

Team members and observers are prohibited from discussing this organization's information, proprietary or otherwise, or the review results contained in this report, with anyone other than the National Board staff or Appeal Committee members, without the client's and the client's AIA's approval. Information obtained by the Team, staff or committee members shall be held in strict confidence. A copy of this report may be left with the organization upon request.

National Board provides for appeals by an aggrieved party. Individuals may request information concerning this procedure by contacting the Accreditation Department, 1055 Crupper Avenue, Columbus, Ohio 43229 or fax 614.847.1828.

IMPORTANT:
ALL REPORTS FROM YOUR SCHEDULED REVIEWS/SURVEYS, MUST BE SUBMITTED TO SHOPREVIEWS@NBBI.ORG WITHIN ONE WEEK FOLLOWING THE RETURN FROM THE ASSIGNMENT.

Attachment 1 – MANUAL DEFICIENCIES & CORRECTIVE ACTION

Company Name: _____

Code Reference/ QCM Paragraph	No: _____ DESCRIPTION OF DEFICIENCY
Code Reference/ QCM Paragraph	No: _____ DESCRIPTION OF DEFICIENCY
Code Reference/ QCM Paragraph	No: _____ DESCRIPTION OF DEFICIENCY
Code Reference/ QCM Paragraph	No: _____ DESCRIPTION OF DEFICIENCY
Code Reference/ QCM Paragraph	No: _____ DESCRIPTION OF DEFICIENCY

CORRECTIVE ACTION
<p>Prior to exit meeting the Team Leader was presented with a revised QC Manual incorporating the corrections for the above deficiencies along with the discussed editorial modifications and clarifications. The Manual was reviewed by the Team Leader and accepted.</p>

****Use additional pages as necessary****

X _____
Signature of Team Leader

_____ Date

Printed name of Team Leader

ADD PAGE

Attachment 2 – IMPLEMENTATION DEFICIENCIES & CORRECTIVE ACTION

Company Name: _____

Code Reference/ QCM Paragraph	No: _____ DESCRIPTION OF DEFICIENCY
STATUS	CORRECTIVE ACTION TAKEN
Open Closed	
Code Reference/ QCM Paragraph	No: _____ DESCRIPTION OF DEFICIENCY
STATUS	CORRECTIVE ACTION TAKEN
Open Closed	
Code Reference/ QCM Paragraph	No: _____ DESCRIPTION OF DEFICIENCY
STATUS	CORRECTIVE ACTION TAKEN
Open Closed	

Use additional pages as necessary

X _____
Signature of Team Leader

_____ Date

Printed name of Team Leader

ADD PAGE

