

# QUALIFICATION REVIEW REPORT FOR ACCREDITATION OF NUCLEAR REPAIR ORGANIZATIONS (NR)

Date(s) of Survey: \_\_\_\_\_ Application Type:  New  Renewal

Certificate No.: \_\_\_\_\_ Certificate Expiration Date: \_\_\_\_\_

Location of Survey:  Shop  Field  Other

Software only verification per NBIC Part 3:  Applicable\*  Not Applicable

**\*Complete if the "Applicable" box above is checked**

ASME Certificate Number: \_\_\_\_\_ Date of ASME Review: \_\_\_\_\_

**Is all information on the originally submitted application verified as correct?**

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

**NO**, some information on the originally submitted application has changed or has been 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):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Division (when applicable) \_\_\_\_\_  
Abbreviation (when applicable)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Country \_\_\_\_\_  
Postal Code

**2. 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: \_\_\_\_\_

Code of Construction Demonstrated: \_\_\_\_\_ Edition: \_\_\_\_\_ If applicable, Addenda: \_\_\_\_\_

Component	Material	Thickness – Class - Schedule	

Check One:  Repair  Replacement

Comments: \_\_\_\_\_

Company Name: \_\_\_\_\_

**3. Manual and Implementation Checklist:**

	<p><b>Note:</b> All manual deficiencies, whether left open or closed, must be noted on <b>Attachment 1</b>. All implementation deficiencies, whether left open or closed, must be noted on <b>Attachment 2</b>. Corrective action taken to close these deficiencies must be described on the applicable attachments.</p>	MANUAL REVIEW			IMPLEMENTATION		
		Acceptable	Unacceptable O = Open C = Closed	Not Applicable	Acceptable	Unacceptable O = Open C = Closed	Not Applicable
a.	Organization						
b.	Statement of Policy and Authority						
c.	Quality Assurance Program (QAP)						
d.	Design Control						
e.	Procurement Document Control						
f.	Instructions, Procedures, and Drawings						
g.	Document Control						
h.	Control of Purchased Material, Items, and Services						
i.	Identification and Control of Items						
j.	Control of Processes						
k.	Examinations, Tests, and Inspections						
l.	Test Control						
m.	Control of Measuring and Test Equipment						
n.	Handling, Storage, and Shipping						
o.	Quality Assurance Records						
p.	Corrective Action						
q.	Inspection or Test Status (not to include operating status)						
r.	Nonconforming Materials or Items						
s.	Audits						
t.	Authorized Nuclear Inspector						
u.	Exhibits						
v.	Interface with the Owner's Repair/Replacement Program						

**Company Name:** \_\_\_\_\_

4. **Code Books Verified for demonstration:**       Yes       No

**Comments:** \_\_\_\_\_

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

6. **Scope Category:**       1       2       3

7. **Scope, as agreed by applicant, to be listed on the Certificate of Authorization:**

8. **Please note attachments below.**  
Attachments must be noted by form name and quantity. For Example, Attachment 1, Page \_\_\_ of \_\_\_

**Attachments Submitted:**

**Company Name:** \_\_\_\_\_

**8. QA Manual presented to the team at the start of this survey.**

Edition: \_\_\_\_\_ Revision: \_\_\_\_\_ Date: \_\_\_\_\_

**9. Was the QA Manual accepted prior to the exit meeting?**

- Yes → Edition: \_\_\_\_\_ Revision: \_\_\_\_\_ Date: \_\_\_\_\_
- No

**10. Does the Team recommend issuance of the "NR" Certificate of Authorization?**

- Yes       Yes, with a 30 day AIA Follow-up on Form NB-232       No, recommend re-survey

**11. List any further information which the team believes is important for the Accreditation Departments consideration, including any additional discussions at the exit meeting, lack of team concurrence or instructions for completion of AIA Follow-up.**

**IMPORTANT: THIS REPORT MUST BE SUBMITTED TO THE NATIONAL BOARD WITHIN 30 DAYS OF THE LAST DAY OF THE REVIEW.**

**12. All attendees should be listed on the attendance sheet (NB-237) attached to this QRR.**

Team Makeup (printed name)	Team Acceptance (signature)	Date		
_____	_____	_____	Team Leader #	
_____	_____	_____	Nat'l Bd #	Endorsement(s)
ANIS	_____	_____	Nat'l Bd #	Endorsement(s)
ANI	_____	_____	Nat'l Bd #	Endorsement(s)
Jurisdictional Authority	_____	_____	Nat'l Bd #	Endorsement(s)
Other	_____	_____	Nat'l Bd #	Endorsement(s)

Team members and observers are prohibited from discussing this organization's information, proprietary or otherwise, or the survey 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.

**Attachment 1 – MANUAL DEFICIENCIES & CORRECTIVE ACTION**

Page \_\_\_\_ of \_\_\_\_

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**

Page \_\_\_\_ of \_\_\_\_

Company Name: \_\_\_\_\_

<b>Code Reference/ QCM Paragraph</b>	<b>No: _____ DESCRIPTION OF DEFICIENCY</b>
<b>STATUS</b>	<b>CORRECTIVE ACTION TAKEN</b>
<input type="checkbox"/> Open <input type="checkbox"/> Closed	
<b>Code Reference/ QCM Paragraph</b>	<b>No: _____ DESCRIPTION OF DEFICIENCY</b>
<b>STATUS</b>	<b>CORRECTIVE ACTION TAKEN</b>
<input type="checkbox"/> Open <input type="checkbox"/> Closed	
<b>Code Reference/ QCM Paragraph</b>	<b>No: _____ DESCRIPTION OF DEFICIENCY</b>
<b>STATUS</b>	<b>CORRECTIVE ACTION TAKEN</b>
<input type="checkbox"/> Open <input type="checkbox"/> Closed	

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

**X** \_\_\_\_\_  
 Signature of Team Leader

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed name of Team Leader

**ADD PAGE**

