

INSTRUCTION FOR COMPLETING THE QUALIFICATION REVIEW REPORT (QRR) AND FORMS QB, QC & FORM QC FOLLOW-UP(QCFR)

These documents may be completed by hand on a hard copy or with a computer. Preparation of these documents by computer will enable the preparer to utilize the auto-fill and Dropdown list features designed into the electronic versions which may then be printed for the applicable signatures.

Note: When completing the QRR ([A1.15 Form QRR-01.01.2011 R0.pdf](#)) by computer, clicking on a Quality System Element as "DFC" or "No" under MANUAL or IMPLEMENTATION, the appropriate Form QB or Form QC will open and be appended to the QRR with the Company information already filled in. To remove a check mark click twice.

When additional Form QC's are required, clicking the button "Another QC" at the bottom of the form, an additional Form QC will be added to the report. In this way unlimited Form QC's can be added to the report. The same principle applies to the Form QB with the exception of the title of the button which is "Add Another Deficiency." By clicking on the button with the red "X" deficiencies will be deleted.

If the status of the Form QC requires a Follow-Up to be performed, then by clicking on the button "Issue QCFR" a Form QC Follow-Up (QCFR) will open and be appended to the QRR. The Company information, will automatically be filled in on the QCFR.

The individual forms shown below can be printed as hard copy for completion by hand:

[A1.36 Form-QC-01.01.2011 R0.pdf](#)

[A1.35 Form-QB-01.01.2011 R0.pdf](#)

[A1.33 Form-QC-Followup-01.01.2011 R0.pdf](#)

The following Notes are a guide to completing the Forms:

1. Check to indicate the purpose of the Review being conducted.
2. Enter the Application Number as provided by ASME Staff or as shown on CA Connect
3. Enter the last day of the Review.
4. Enter the Applicant's name as it will appear on the Certificate(s) of Authorization.
5. Enter the Applicant's "ASME Identification Number" as supplied by ASME (**This is the 4 – 6 digit number written on Application Form provided by ASME Staff**).
6. Enter the Applicant's Division, if applicable, as it will appear on the Certificate(s) of Authorization
7. Enter the Applicants address, which must be a physical location (street & number, road & distance mark, or intersection of two (2) roads (**NOT a Postal Box**)).
8. Enter the City where the Applicant is located.
9. Enter the County or District where the Applicant is located when applicable or leave blank.
10. Select from the Dropdown list or enter the State or Province where the Applicant is located when applicable.
11. Select from the Dropdown list or enter the Country where the Applicant is located.
12. Enter the Postal Code (ZIP) of where the Applicant is located.
13. Check to indicate if changes were made to either the Application or Form D, ensure changes are initialed or the forms resigned and that they are enclosed with the Qualification Review Report (QRR).
14. Check to indicate the type of Certificates(s) requested. If additional certificates were requested at the time of the review, note this in Remarks area under "Certificates Presently Held."
15. Check to indicate the Scope of the Quality program (**Shop Only, Field Only, or Both Shop and Field**),
16. Select from the Dropdown list or enter the Code Symbol Designator for the Certificate the Applicant currently holds with the Certificate Number(s) and expiration date(s).
17. Check to indicate if an Extension has been granted
18. If an Extension has been granted indicate new expiration date of the extension

19. Enter any Remarks that have a direct impact on what type of Code Designator that is requested (e.g., Parts Manufacturer) or if previously held certificates that expired prior to the renewal. Indicate if additional certificates were requested at the time of the review. If the company has changed its name/division and wishes to maintain their current certificate numbers, attach statement of responsibility letter from company indicating the company's acceptance of responsibility for all previous code work performed in the past under Certificate(s) of Authorization – (List Certificate Numbers). **Note:** If the company does not accept responsibility new certificate numbers will be issued and the type of review is considered to be NEW. Indicate if additional certificates were requested at the time of the review.
20. Enter the name of the Team Leader
21. Enter the Names of individuals which Makeup the Review Team, or who are Observers not from the organization which is being reviewed.
22. Enter the Organization that the Team Members represent.
23. Under Activity select from the Dropdown list or enter "Manual Review", "Entrance Meeting", "Shop Tour", "Implementation", "Team Closed Meeting" and "Exit Meeting", as applicable.
24. Enter or Select from the popup calendar or enter the date the Activity was performed.
25. Enter the total number of hours for a specific activity (e.g., "3 Hrs." or "8 Hrs.").
26. For Location where the Activity was performed select from the Dropdown list or enter either "Hotel" or "On Site (Office)" or "On Site (Plant & Offices)."
27. Enter Company Name and the ASME Identification Number.
28. Check the applicable answer.
29. Identify deficiencies that were either left open during the previous Joint Review or were repeated during the current Review and describe actions taken. If the same finding(s) had been reported during the previous Joint Review, explain here both the current and previous finding(s). Attach a copy of previous and current Forms QC.
30. Enter or select from the Dropdown list the Authorized Inspection Agency of Record. Verify that the AIA listed in the Dropdown list is ASME accredited before selecting." If the AIA is not shown it is possible to type in the name of the AIA.
31. Check to indicate the Type of Coverage provided by the AIA if applicable.
32. Check to indicate if an AIA other than the AIA of Record performed inspections.
33. Enter or select from the Dropdown List the Name of AIA(s) that performed inspections other than the AIA of Record.
34. Check to indicate if the Manual addresses the use of another AIA is used to perform inspections according to ASME Policy.
35. Check to indicate if the applicant operates under the Mass Production provision of the Code (such as UG-90(c)2, and Appendix 35) also have their inspection and Quality Control procedures been accepted by the AIA of Record, and the Legal Jurisdiction, or by an ASME Designee.
36. Check to indicate if these Stamps for which the Applicant utilizes a Certified Individual for the Certification of the MDR.
37. Check to indicate if the Team considers coverage by the AI or CI to be adequate.
38. If coverage by the AI or CI is not considered adequate by the Team or a Team Consensus can not be reached or if any of the above activities are not performed explain in the Remarks area.
39. Enter the Manual Edition/Issue, Revision and Date that was presented to the Team.
40. Check to indicate if the Manual presented to the Review Team at the beginning of the Review had been accepted by the AI.
41. Check to indicate if the Manual presented at the end of the Review was accepted by the AI or ASME Designee
42. Enter the Manual Edition/Issue, Revision and Date that was accepted by the AI or ASME Designee the end of the Joint Review.
43. Although any Manual Deficiencies will be described on the Form QB, Explain in "Remarks" **if the Manual includes controls for Field Site activities, or various editorial modification and clarifications discussed with the applicant, when no deficiencies were reported.**
44. Describe demonstration item, including units of measurement, (e.g., Air Receiver, Heat Exchanger, Water Tube Boiler, Fire Tube Boiler, etc.).
45. Enter or select from the Dropdown List to which Code, Edition, and Addenda the demonstration item is constructed to,
46. Enter the pressure/temperature conditions for the demonstration item.

47. Enter or select from the Dropdown List the units used for pressure (e.g. **psi, Kpa, Mpa, Bar, Kg/cm²**).
48. Enter or select from the Dropdown List the units used for temperature (e.g. **°F, or °C**).
49. Enter the Extent of NDE being performed on the demonstration item, and the examination method used
50. Check to indicate if PWHT is to be performed on the demonstration item. Check "N/A" if the Certificate Scope excludes the need for PWHT.
51. Check to indicate if Impact Testing is required on the demonstration item. Check "N/A" if the Certificate Scope excludes the need for Impact Testing.
52. Enter the overall dimensions of the demonstration item (e.g., **Shell Length X Diameter, Height X Width X Depth, etc...**).
53. Although it is at the Team Leaders discretion as to the amount of detail recorded, it is not necessary to record all of the components used, however as a minimum enter the main components of the demonstration item (e.g., **Shell, Head(s), Conical Sections, Tube Sheets, Main Nozzles or Flanges.**)
54. Enter the material specification used for the main components or groups of Nozzles and Flanges for the demonstration item.
55. Enter material thickness for the main components of the demonstration(**for groups of Nozzles or Flanges enter Various**).
56. Enter or select from the Dropdown List the Units of measure (e.g., **in., mm, Schedule, DN, NPS**).
57. Enter any other information necessary to explain the demonstration item (e.g., **Code Cases, B31.1, Earlier Code Ed. & Addenda, How Code knowledge was demonstrated to current Code or when Applicant applies for "S", and "U", or "T"**)
58. Enter the Device Manufacturers or Assemblers name and complete description of item as shown on the report.
59. Enter any other information necessary to explain the demonstration item of the Pressure/Safety Relief Device Manufacturers or Assemblers.
60. Check to indicate if there's additional information to consider.
61. Enter only information which the Team feels is important ASME to consider (including lack of Team concurrence, Applicants lack of knowledge or ability, and if the facilities lack compatibility with the scope of work).
62. Check in the applicable column if an element is found acceptable (YES), any deficiencies found and corrected (DFC), deficiencies found unacceptable or not corrected (NO) or not applicable (NA). If "DFC" or "NO" is checked, indicate conditions found on the attached Form QC. When appropriate, past records, procedures, or personnel qualification records may be used to verify implementation of elements not required to be performed on the demonstration item. When responding "NA", no explanation is required for those quality control elements that are not required to be addressed by the Code Book Section or the Scope of Activity to appear on the Certificate of Authorization limits their activity so that the appropriate quality control elements need not be addressed.
63. Enter the Deficiency Number or Numbers for this Quality Element if any as shown on the Form QB.
64. Enter the Deficiency Number or Numbers for this Quality Element if any as shown on the Form QC.
65. Enter any comments or explanations to explain "NA" response, except as noted in #58 above. The explanation should not imply that a quality control element was not demonstrated because the demo item didn't require it or the activity is being subcontracted. (Reference line number from above in left column).
66. Check to indicate the Team Recommendation.
67. Enter the Certificate of Authorization scope code(s) from BPV Certificate Scopes document issued by ASME Conformity Assessment Staff.
68. Check to indicate if requested scopes listed above differ from previously issued certificates.
69. Check to indicate AIA Concurrence or Lack of Concurrence with the Team Recommendation.
70. Date Report signed, Authorized Inspector (A.I.) Signature, NB Commission N° & Endorsement(s).
71. Date Report signed, Team Leader, Certificate Number and Expiration
72. Date Report signed, Authorized Inspector Supervisor (A.I.S.) Signature, NB Commissions N° & Endorsement(s).
73. To be completed by ASME Staff.
74. Number all deficiencies consecutively.
75. List Code Section Para(s) supporting each deficiency.

- 76.** The description should be succinct and be written clearly so that it can be understood what was deficient in the written description (QC Manual) or as found condition.
- 77.** Describe the corrective action taken. Corrective Action should state which deficiencies are considered closed or opened; whether the AI accepted the manual revisions or a follow-up report is required to close the deficiencies. The follow-up report shall state the Issue No./Revision Level of the Quality Control Manual that has been accepted by the Authorized Inspector or ASME Designated Organization. Stating actions to prevent recurrence is not mandatory but is suggested.
- 78.** The Team Leaders Printed Name and Signature.
- 79.** Select from the popup calendar or enter the date of the Report.
- 80.** Describe the corrective action taken including the Nonconformance Report Number. For an open deficiency, the Team Leader shall also describe the corrective action planned to be taken by the Applicant to close the deficiency.
- 81.** Check to indicate the status of the deficiency.
- 82.** Enter any additional necessary comments.
- 83.** Enter the Deficiency Number as shown on the Form QC.
- 84.** Enter the description of the deficiency and reference as shown on the Form QC.
- 85.** Describe in detail the corrective actions taken by the Applicant to correct the deficiency identified in the Form QC and as stated in item 11 of Form QCFR. A description of action taken to prevent recurrence is not mandatory, but is useful when evaluating actions taken.
- 86.** Record Title (Position) of Company Representative confirming the action taken.
- 87.** Print Name of Company Representative with signature & date by this individual
- 88.** Enter or select from the Dropdown List the Name of AIA performing the follow-up.
- 89.** Print Name of AIA Representative verifying corrective action taken and signed and dated by this individual.
- 90.** Item 14 to be completed by ASME Staff or Team Leader.



QUALIFICATION REVIEW REPORT

<input type="checkbox"/> Renewal	<input type="checkbox"/> New Authorization
<input type="checkbox"/> Rereview	<input type="checkbox"/> Other _____

Application Number: _____

Report Date: _____

Part I - General Information

Applicant Details

Enter Company's name and location being reviewed.

Company Name:	ASME Identification Number:	
Division (If Applicable):		
Shop Address:		
City:	County/District:	
State/Province:	Country:	Postal Code (ZIP):

Was Application or Form D revised:

No
 Yes
 Revised & Enclosed:
 "Application"
 "Form D"
 "Application & Form D"

Requested Authorization(s)

Indicate type of Certificate(s) applied for:

Boiler & Pressure Vessel Program							Pressure Relief Device Program			
<input type="checkbox"/> A	<input type="checkbox"/> E	<input type="checkbox"/> M	<input type="checkbox"/> S	<input type="checkbox"/> PP	<input type="checkbox"/> H	<input type="checkbox"/> HLW	<input type="checkbox"/> HV	<input type="checkbox"/> V	<input type="checkbox"/> UV	<input type="checkbox"/> UV3
<input type="checkbox"/> U	<input type="checkbox"/> UM	<input type="checkbox"/> U2	<input type="checkbox"/> U3	<input type="checkbox"/> RP	<input type="checkbox"/> H(Cast)	<input type="checkbox"/> T	<input type="checkbox"/> UD	<input type="checkbox"/> TV	<input type="checkbox"/> TD	<input type="checkbox"/> PRD

Quality Program is applicable for:

Shop Only
 Field Only
 Shop & Field Sites

Certificate(s) Presently Held

Number(s) and Expiration Date(s)

Designator	Certificate N°	Expiration Date	Designator	Certificate N°	Expiration Date

An extension to the Expiration Date(s) was issued:
 Yes
 No
 Valid Until: _____

Remarks Indicate New Additions, Terminations, or Extensions

Team Makeup

Show Name and Affiliation of each Team Member

Team Leader: _____	Organization: _____
AIS: _____	Organization: _____
AI: _____	Organization: _____
J.A.: _____	Organization: _____
Observer: _____	Organization: _____
Observer: _____	Organization: _____

Order of Events

Activity	Date	Duration (Hrs)	Location

Attendance List *List of attendees is shown on the attached Attendance Sheet(s)*

Part II - Administrative/QS

QUALIFICATION REVIEW REPORT

Company Name:	ASME Identification Number:
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Previous Open or Recurring Deficiencies

Were any deficiencies identified during the previous Joint Review left open or were also found during this Joint Review? NA (New Issue) Yes No (If "Yes" see Remarks)

Remarks Identify previous deficiencies that were either left open in the previous Joint Review or were repeated during the current Joint Review. Explain corrective action taken to close deficiencies. Attach a copy of previous and current Forms QC

Inspection Services

AIA of Record: _____

Type of Coverage provided? Full Time Part Time Mass Production No A.I. Required

Has an AIA other than the AIA of Record performed inspections? Yes No

If "Yes" Name of the other AIA: _____

If "Yes" does Manual address such use according to ASME Policy? Yes No (If "No" see Remarks)

If the applicant is operating under the Mass Production provisions of the Code (such as UG-90(c)(2), and Appendix 35) have their inspection and Quality Control procedures received acceptance by the AIA of Record, and the Legal Jurisdiction, or by an ASME Designee? Yes No NA

Applicant utilizes a Certified Individual (CI) for Certification of MDR under: H(Cast) UM HV UV V UD UV3 PEB TD TV Not Applicable (No C.I.)

Is coverage by AI or CI adequate? Yes No (If "No" see Remarks)

Remarks Enter any information necessary to explain Inspection Services. An example would be if coverage by the AI or CI is not considered adequate, or if the Inspection Service activities are not performed.

Manual Review

Manual Presented to Team: Edition/Issue: _____ Revision: _____ Date: _____

Was the Manual presented at the beginning of the Joint Review accepted by the Authorized Inspector? NA (No AIA) Yes No (If "No" see Remarks)

Was Manual Revised and Accepted by A.I. or ASME Designee? Yes No (If "No" see Remarks)

Edition/Issue: _____ Revision: _____ Date: _____

Review of the Manual is against the applicable Construction Code requirements, with supplemental information from the completed Guide for ASME Review Teams(A1.20). Indicate in Part IV of this report the results of this review.

Remarks

Part III - Implementation

QUALIFICATION REVIEW REPORT

Company Name: _____	ASME Identification Number: _____
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Description of Implementation Item (including units of measure) For Boiler and Pressure Vessel Programs

Describe Vessel, Boiler or Part: _____

Code Section, Edition, and if applicable, Addenda _____ Ed. _____ Add. _____

Design Pressure: _____ Design Temp.: _____ MAWP: _____ @ _____

MDMT: _____ @ _____ MAEWP: _____ @ _____

Extent of NDE: _____

PWHT: Yes No NA Impact Testing: Yes No NA

Overall Dimensions: _____

Component	Material	Thickness - Class - Schedule	

Remarks
Enter any other information necessary to explain the demonstration item (i.e. Code Cases, B31.1, Earlier Code Ed. & Addenda, How Code knowledge established to current Code or when Applicant applies for "S", and "U", or "T")

Description of Implementation item for Pressure Relief Device Program

Device Manufacturer: _____

Code Section, Edition, and if applicable, Addenda _____ Ed. _____ Add. _____

Device Type: _____ Size: _____

Set Pressure: _____ Test Medium: _____

Remarks
Enter any other information necessary to explain the demonstration item

General Team Comments or Concerns

Is there any addition information the Team feels is important for the ASME to consider?
 Yes No (If "Yes" see Remarks)

Remarks
Enter any information, general comments or concerns including lack of Team concurrence.

Part IV - Summary

QUALIFICATION REVIEW REPORT



Company Name:	ASME Identification Number:
Shop Address:	

Elements marked "Yes" = Acceptable, "DFC" = Deficiency Found and Corrected, "No" = Deficiency Open, "NA" = Not Applicable. Forms QB and QC detail elements marked "DFC" or "NO". Elements marked "NA" are explained in Comments below

N°	QUALITY SYSTEM ELEMENTS	MANUAL					IMPLEMENTATION				
		YES	DFC	NO	NA	QB N°	YES	DFC	NO	NA	QC N°
1	General										
2	Authority and Responsibility										
3	Organization										
4	Drawings, Design Calculations and Specification Control										
5	Material Control										
6	Examination and Inspection Program										
7	Correction of Nonconformities										
8	Welding / Brazing										
9	Nondestructive Examination										
10	Heat Treatment										
11	Calibration of Measurement and Test Equipment										
12	Record Retention										
13	Sample Forms										
14	Inspector or ASME Designated Organization										
15	Certified Individual										
16	Certifications (Methods other than written signature)										
N°	COMMENTS										

Team Recommendation

Issue Certificate(s) with Scope(s) shown below,
 Issue Certificate(s) with Scope(s) shown below after acceptable Follow-Up Report (QCFR) is submitted within 30 days by the; AIA, ADO or ASME Designee
 Rereview or Other: _____

List scope(s) to be used if Certificate(s) are issued: _____

Do scopes listed above differ from previously issued certificates? Yes No NA (New Issue)

Exit Meeting: The Applicant was advised of the deficiencies, if any, as noted on Form(s) QB and QC; the Team's recommendation; the confidentiality of the Review; and their right to request reconsideration or an appeal. A copy of Part IV Summary of this Report and any QB or QC Forms have been provided to the Applicant.

Team Consensus: We have reviewed this report along with any associated Forms QB or QC, and based upon this review,

- NA (No AIA Involved) A Team Consensus was reached and the AIA will not be issuing a Minority Report or,
 A Team Consensus was not reached and the AIA will be issuing a Minority Report.

Date	A.I. Signature	Nat'l. Bd #	Endorsement	Date	Team Leader Signature	Certificate #	Expiration
Date				ASME Staff Review:			
A.I.S. Signature				ASME Staff Signature		Date	
Nat'l. Bd #							
Endorsement							

Company Name: _____	ASME Identification Number: _____
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Code Reference Paragraph	N°: <i>1</i>	DESCRIPTION OF DEFICIENCY

Code Reference Paragraph	N°:	DESCRIPTION OF DEFICIENCY

Code Reference Paragraph	N°:	DESCRIPTION OF DEFICIENCY

Code Reference Paragraph	N°:	DESCRIPTION OF DEFICIENCY

CORRECTIVE ACTION
<p><i>Prior to exit meeting the Review Team 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 and accepted by the Authorized Inspector as:</i></p>

Report Date: _____

_____ Team Leader Print Name & Signature

Company Name:

ASME Identification Number:

CODE REFERENCE QCM PARAGRAPH	N°: <i>1</i>	DESCRIPTION OF DEFICIENCY
STATUS	CORRECTIVE ACTION TAKEN	
<input type="checkbox"/> Closed <input type="checkbox"/> Open		
TEAM LEADER REMARKS		

Team Leader Print Name & Signature

Report Date: _____

