

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

Company Name or Certificate No. _____

NOTE: ALL UNACCEPTABLE ITEMS MUST BE DESCRIBED ON ATTACHMENT 1 OR A SIMILARLY FORMATTED FORM. UNACCEPTABLE INCLUDES ALL DEFICIENCIES, WHETHER LEFT OPEN OR CLOSED. CORRECTIVE ACTION TAKEN TO CLOSE THE ITEM SHOULD BE DESCRIBED ON SAID ATTACHMENTS.

		Manual Review			Implementation			
		Acceptable	Unacceptable O = Open C = Closed	Not Applicable		Acceptable	Unacceptable O = Open C = Closed	Not Applicable
1	Title Page							
2	Contents Page							
3	Scope of Work							
4	Authority and Responsibility							
5	Manual Control							
6	Organization							
7	Drawings, Design and Specification							
8	Repair Methods							
9	Alteration Methods							
10	Materials							
11	Method of Performing Work							
12	Welding							
13	NDE							
14	Heat Treatment							
15	Examinations and Test							
16	Calibration							
17	Acceptance and Inspection							
18	Inspections							
19	NBIC Report Forms							
20	Exhibits							
21	Construction Code							
22	Correction of Nonconformities							

Attachments must be noted by form name and quantity. For example, Attachment 1, Page _____ of _____
Please note attachments below.

Attachments Submitted:

6. Please list attendees below or attach attendance sheet with identical information:

Company Name or Certificate No _____

Print Name	Print Title	Signature	Company/Organization

7. Does the team recommend issuance of the "R" Certificate of Authorization and Symbol Stamp?

- Yes
 Yes, with a 30 day AIA follow-up on NB 232 Form
 No

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

Team Leader (print name)	(signature)	(Team Leader No.)	(Date)
Inspection Agency Representative (print name)	(signature)		(Date)
Jurisdictional Representative (print name)	(signature)		(Date)
Observer (print name)	(signature)		(Date)

Team members are prohibited from discussing this organization's proprietary information as well as the information contained in their report at any time, unless with National Board staff or Appeal Committee members. Information obtained by the Team, staff or committee members shall be held in strict confidence. A copy of this report will 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/IMPLEMENTATION DEFICIENCIES

Page ____ of ____ Company Name or Certificate No.: _____

Description of deficiencies found and listed under “unacceptable” items by “Manual Review” or “Implementation” and line Number (additional sheets may be used): ADDITIONAL FINDINGS ATTACHED

FINDING (check one) Manual Deficiency Implementation Deficiency

ACTION TAKEN

ITEM: OPEN CLOSED FOLLOWUP REQUIRED

FINDING (check one) Manual Deficiency Implementation Deficiency

ACTION TAKEN

ITEM: OPEN CLOSED FOLLOWUP REQUIRED

FINDING (check one) Manual Deficiency Implementation Deficiency

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ITEM: OPEN CLOSED FOLLOWUP REQUIRED

FINDING (check one) Manual Deficiency Implementation Deficiency

ACTION TAKEN

ITEM: OPEN CLOSED FOLLOWUP REQUIRED

NOTE: COPIES OF THIS FORM ARE TO BE LEFT WITH THE APPLICANT
THIS PAGE NEED NOT BE SUBMITTED UNLESS DEFICIENCIES ARE NOTED.