



QUALIFICATION REVIEW REPORT FOR THE NATIONAL BOARD "VR" AND/OR "T/O" CERTIFICATE(S) OF AUTHORIZATION



Date(s) of Review: _____

Application Type:

"VR" → New or Renewal Certificate No.: _____ Expiration Date: _____

"T/O" → New or Renewal Certificate No.: _____ 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 the Certificate and EXACTLY as it appears in the QC Manual):

Company Name

Division (if applicable)

Abbreviation for Stamping (if applicable)

Seal Identification (if applicable)

Street

City

State/Province

Country

Postal Code

2. Recommended Scope (check all that apply):

VR SCOPE:

Location: Shop Field Shop & Field
ASME Code Designator(s): V NV HV UV
Test Media: Steam Steam (Field Only) Air/Gas Liquid

Special Process:

Machining

Welding

Heat Treatment

Welding (by "R" Holder)

NDE*

*if NDE is chosen, specify the method to be used:

RT

UT

MT

PT

ET

NRT

LT

AE

Special NBIC Provisions:

NB-514, 5.0 Repairs by Manufacturer
Part 4, 4.6.2 Repairs by Owner/User
(UV steam on air)
Conversion per Part 4, 4.2b)
Alternative Testing per NB-514, 11.0
Part 4, 4.10 Use of Personnel not in the
Certificate Holder's Employ

T/O SCOPE:

Location: Shop Field Shop & Field
ASME Code Designator(s): V HV UV
Test Media: Steam Steam (Field Only) Air/Gas Liquid

Special NBIC Provisions:

NB-528, 6.0 Testing by Manufacturer
UV steam valves tested on air
Alternate Verification testing per NB-528, 11.0

Company Name: _____

3. Description of Implementation Demonstration: *Attach Pressure Relief Valve Selection Sheet, NB-570.*

Machining:	Not Applicable

Conversions:	Not Applicable

Welding:	Not Applicable

Change of Set Pressure:	Not Applicable

Previous Job Files:	Not Applicable

Company Name: _____

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

No.	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
1.	Title Page						
2.	Revision Log						
3.	Contents Page						
4.	Authority and Responsibility						
5.	Organization						
6.	Scope of Work						
7.	Drawings, Design and Specification						
8.	Materials and Inspection Control						
9.	Inspection Program						
10.	Welding						
11.	NDE						
12.	Heat Treatment						
13.	Valve Testing, Setting, and Sealing						
14.	Nameplates						
15.	Calibration						
16.	Manual Controls						
17.	Correction of Nonconformities						
18.	Records Retention						
19.	Exhibits						
20.	Testing Equipment						
21.	Field Testing/Repair						
22.	Training and Qualification of Personnel						
23.	Annual Audits						
24.	Qualification of Testing Equipment						
25.	Construction Codes/NBIC/NB-18 Available						

5. Please note attachments below:

Company Name: _____

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

7. Was the manual accepted prior to the exit meeting?

Yes → Edition: _____ Revision: _____ Date: _____

No, please explain:

8. Does the Team Leader recommend issuance of the "VR" and/or "T/O" Certificate(s) of Authorization?
If "Other" is marked, please explain in the line 9 comment box.

"VR" →	YES	YES, once the follow-up corrective action has been accepted.	NO, recommend re-review	OTHER
"T/O" →	YES	YES, once the follow-up corrective action has been accepted.	NO, recommend re-review	OTHER

9. Comments/Remarks: List any further information which the Team Leader believes is important for the Pressure Relief Laboratory consideration, including any additional discussions at the exit meeting or instructions for completion of follow-up corrective action.

ALL REPORTS FROM REVIEWS, MUST BE SUBMITTED TO PRD@NBBI.ORG WITHIN ONE WEEK FOLLOWING THE RETURN FROM THE ASSIGNMENT.

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

_____ Team Leader (print name)	_____ Signature	_____ Date	_____ Team Leader No.	
_____ Jurisdiction Representative (print name)	_____ Signature	_____ Date	_____ Nat'l Bd #	_____ Endorsement
_____ Observer (print name)	_____ Signature	_____ Date		

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 Appeals Committee members, without the client'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 National Board Pressure Relief Laboratory, 7437 Pingue Dr., Worthington, Ohio 43085 or prd@nbbi.org.

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: _____

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

ATTENDANCE SHEET

Page ____ of ____

Date: _____

Review

9

Investigation

5

Audit

□

Other

Company Information:

Company Name

Division (when applicable)

Abbreviation (when applicable)

Street

City

State/Province

Country

Postal Code

* Use multiple pages if necessary

PRINT NAME & TITLE	SIGNATURE	ORGANIZATION	Present for:	
			Opening Meeting	Exit Meeting

ADD PAGE