

EXHIBIT 4

MAINTENANCE OF CERTIFICATION FOR ASME DESIGNEE

(1)	Name:	Date:																		
(3)	Certificate #	Exp. Date:																		
Supervising Organization:																				
(4)	Address:																			
(5)	I. TRAINING																			
Course Title, Location and Date; identify organization that conducted the training:																				
1.																				
2.																				
(6)	II. AUDIT (REVIEWS/SURVEYS) PARTICIPATION FOR EACH PROGRAM																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 55%;">Name of Company/Location</th> <th style="width: 15%;">Type of Audit</th> <th style="width: 15%;">Type of Role</th> <th style="width: 15%;">Date</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name of Company/Location	Type of Audit	Type of Role	Date	1.				2.				3.			
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2.																				
3.																				
(7)	III. PERFORMANCE EVALUATION																			
All of the following should be addressed:																				
<ul style="list-style-type: none"> • Auditing technique and style: • Knowledge of applicable Codes and Standards: • Written correspondence: • Areas needing improvement and suggested training, as appropriate: • Overall Evaluation: 																				
(8)	Evaluator's Signature and Title:			Date:																
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EXHIBIT 4

Instruction for completing the “Maintenance of Certification for ASME Designee”

No.	Description
1.	Enter the name, middle initial and last name of the Designee.
2.	Enter the date the form was completed.
3.	Enter the Designee’s ASME Certificate number and expiration date.
4.	Enter the name and address of the Applicant’s Supervising Organization (e.g., of State of Massachusetts, if employed by a State; ASME, if under contract with ASME).
5.	List only those training course(s) by title/topic and location needed to support the Applicant’s auditing competency and knowledge of Codes, standards and relevant technologies Refer to 4.2 of the Criteria.
6.	Enter the name of the company, the type of audit (e.g., BPV Review; Nuclear Survey), the type of role (e.g. Team Leader, Team Member) and the date performed.
7.	Enter the appropriate evaluation for each element.
8.	The Record is to be signed and dated by the Applicant’s Supervising Organization. In addition to the signature, the name and title of the individual signing the Record is to be typed or legibly printed.