

QUALIFICATION REVIEW REPORT FOR AUTHORIZATION OF REPAIR/ALTERATION INSPECTION ACTIVITIES PERFORMED BY AUTHORIZED INSPECTION AGENCIES (NB-360)

Date(s) of review: _____

Type of Review: New Renewal Resurvey

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. Company's name and physical address (as it is to appear on the certificate):

Name

Division (when applicable)

Street

City

State/Province

Country

Postal Code

2. Schedule of Events (list attendees on a separate Attendance Sheet)

Events	Date	Times (Start & Stop)	Location
Manual Review			
Opening Meeting w/Applicant			
Manual Review w/ Applicant			
Implementation			
Exit Meeting w/Applicant			

Company Name: _____

3. MANUAL REVIEW AND IMPLEMENTATION

(a) Manual Review

Review the Quality Program Manual against National Board document NB-381, *Quality Program for Inspection Organizations* and NB-263, *RCI-1, Rules for Commissioned Inspectors*. Enter any comments below pertaining to the manual review.

(b) Implementation Review

Verify that applicant has fully implemented their Quality System. Enter any comments below pertaining to the Implementation review.

ELEMENTS OF THE QUALITY PROGRAM

Elements marked "YES" = Acceptable, "DFC" = Deficiency Found and Corrected "NO" = Deficiency Open (note deficiency number)

Quality System Requirements	MANUAL REVIEW			IMPLEMENTATION		
	YES	DFC	NO	YES	DFC	NO
Title Page						
Statement of Authority						
Organization						
Quality Program Responsibilities						
Program Description/Scope						
Document Control						
Training						
Records						
Inspection Methods						
Reporting						
Control of Contracted Services (if applicable)						
Corrective Action						
Approval						
Audits						
Forms						
National Board Copy						
Other: _____						

If "DFC" or "NO" is checked, indicate conditions found on Attachment 1 for Manual Deficiencies and/or Attachment 2 for Implementation Deficiencies.

Company Name: _____

4. Manual presented to the team at the start of this review:

Edition: _____ Revision: _____ Date: _____

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

Yes → Edition: _____ Revision: _____ Date: _____

No

6. Does the Team Leader recommend including the Authorization to provide third party inspection services for repairs and alterations in accordance with the National Board Inspection Code with the NB-360, *Certificate of Acceptance*?

Yes Yes, once open deficiencies are closed No, recommend re-survey

7. List any further information which the Surveyor believes is important for the Accreditation Departments consideration, including any additional discussions at the exit meeting.

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

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

9. Survey Performed by:

Printed Name

National Board Team Leader Number

Signature

Date

**Note: Distribution of this report is limited to:
Original to National Board
Copy to applicant**

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

ATTENDANCE SHEET

Page ____ of ____

Date: _____ Review Investigation Audit Other

Company Information:

_____ 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

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