

# QUALIFICATION REVIEW REPORT FOR THE NATIONAL BOARD "R" SYMBOL STAMP



Date(s) of Review: \_\_\_\_\_

Application Type:

New

Renewal

Certificate No.: \_\_\_\_\_

Certificate Expiration Date: \_\_\_\_\_

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Division (when applicable)

\_\_\_\_\_  
Abbreviation (when applicable)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal Code

**2. Does the applicant have all parts of the current edition of the NBIC?**

Yes

No

**3. Intended Scope of Activities:**

Repairs  
 Alterations  
 Both

Shop  
 Field  
 Both

Metallic  
 \*Non-Metallic

Design Only

\*  Graphite  RP

**4. Activity (RENEWAL ONLY):** Has the applicant used its National Board *Certificate of Authorization* during the previous certification period?  Yes  No

**5. Description of Implementation** (scopes including alterations or re-rating require a design package review):

Describe Vessel, Boiler or Part: \_\_\_\_\_

Overall Dimensions: \_\_\_\_\_

Original Code of Construction: \_\_\_\_\_ Edition: \_\_\_\_\_ If applicable, Addenda: \_\_\_\_\_

Design Pressure: \_\_\_\_\_ Design Temp: \_\_\_\_\_ MAWP: \_\_\_\_\_ @ \_\_\_\_\_ MDMT: \_\_\_\_\_ @ \_\_\_\_\_

Code of Construction Demonstrated: \_\_\_\_\_ Edition: \_\_\_\_\_ If applicable, Addenda: \_\_\_\_\_

Component	Material	Thickness – Class - Schedule

Check One:  Repair  Alteration  Fabrication

Comments: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

No.	<b>Note:</b> All manual deficiencies, whether left open or closed, must be noted on <b>Attachment 1</b> . All implementation deficiencies, whether left open or closed, must be noted on <b>Attachment 2</b> . 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.	Authorization						
2.	Control of "R" Stamp						
3.	Field Controls						
4.	Title Page						
5.	Contents Page						
6.	Scope of Work						
7.	Authority and Responsibility						
8.	Manual Control						
9.	Organization						
10.	Drawings, Design and Specification						
11.	Repair Methods						
12.	Alteration Methods						
13.	Materials						
14.	Method of Performing Work						
15.	Welding						
16.	NDE						
17.	Heat Treatment						
18.	Examination and Test						
19.	Calibration						
20.	Acceptance and Inspection						
21.	Inspections						
22.	NBIC Report Forms						
23.	Exhibits						
24.	Construction Code						
25.	Correction of Nonconformities						
26.	Records Retention						

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

Attachments Submitted:

**Company Name:** \_\_\_\_\_

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

Edition: \_\_\_\_\_ Revision: \_\_\_\_\_ Date: \_\_\_\_\_

**8. Was the manual accepted prior to the exit meeting?**

Yes → Edition: \_\_\_\_\_ Revision: \_\_\_\_\_ Date: \_\_\_\_\_

No

**9. Does the Team recommend issuance of the "R" Certificate of Authorization?**

Yes       Yes, with a 30 day AIA Follow-up on Form NB-232       No, recommend re-review

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

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

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

Team Leader (print name)	Signature	Date	Team Leader No.
Repair Inspector Supervisor/ Technical Manager (print name)	Signature	Date	Nat'l Bd #      Endorsement
Repair Inspector (print name)	Signature	Date	Nat'l Bd #      Endorsement
Jurisdiction Representative (print name)	Signature	Date	Nat'l Bd #      Endorsement

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 Appeal Committee members, without the client's and the client's AIA'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 Accreditation Department, 1055 Crupper Avenue, Columbus, Ohio 43229 or fax 614.847.1828.

**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: \_\_\_\_\_

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

