QUALIFICATION REVIEW REPORT FOR ACCREDITATION OF OWNER-USER INSPECTION ORGANIZATIONS AND FEDERAL INSPECTION AGENCIES

Date(s) of Survey: _____   **Certificate Type:** ☐ OUIO   or   ☐ FIA

Certificate No. (if applicable): _____   **Certificate Expiration Date:** _____

Type of Survey: ☐ New   ☐ Renewal   ☐ Re-Survey

Intended Scope of Activities:
☐ Inservice Inspection for Jurisdictional Compliance
☐ Repair/Alteration Inspections for National Board Inspection Code
☐ Both

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 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			

The National Board of Boiler and Pressure Vessel Inspectors

Company Name: _____

3. **Manual Review and Implementation**

   (a) **Manual Review**

   Review the Quality Program Manual against National Board documents NB-371, *Accreditation of Owner-User Inspection Organizations (OUIO)* or NB-390, *Accreditation of Federal Inspection Agencies (FIA), as applicable,* 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 of 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.

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

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

THE NATIONAL BOARD
of Boiler and Pressure Vessel Inspectors

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 issuance of the Certificate of Accreditation?**

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

7. **List any further information which the Team Leader 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   Team Leader Number

   _____   _____
   Signature   Date

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

Attachment 1 - MANUAL DEFICIENCIES AND CORRECTIVE ACTIONS   Page _____ of _____

Company Name: _____

Deficiency

| |
| |

Corrective Action

| |
| |

ITEM: ☐ **Open**   ☐ **Closed**

Deficiency

| |
| |

Corrective Action

| |
| |

ITEM: ☐ **Open**   ☐ **Closed**

Deficiency

| |
| |

Corrective Action

| |
| |

ITEM: ☐ **Open**   ☐ **Closed**

_____   _____

Surveyor Signature   **Date**

Note: Use additional pages as necessary

Attachment 2 - IMPLEMENTATION DEFICIENCIES AND CORRECTIVE ACTIONS   Page _____ of _____

Company Name: _____

Deficiency

_____

Corrective Action

_____

ITEM: ☐ **Open**   ☐ **Closed**

Deficiency

_____

Corrective Action

_____

ITEM: ☐ **Open**   ☐ **Closed**

Deficiency

_____

Corrective Action

_____

ITEM: ☐ **Open**   ☐ **Closed**

_____   _____
Surveyor Signature   **Date**

Note: Use additional pages as necessary