

QUALIFICATION REVIEW REPORT FOR ACCREDITATION OF NUCLEAR REPAIR ORGANIZATIONS (NR)

Date(s) of Survey: _____ Application Type: New Renewal

Certificate No.: _____ Certificate Expiration Date: _____

Location of Survey: Shop Field Other

Software only verification per NBIC Part 3: Applicable* Not Applicable

***Complete if the "Applicable" box above is checked**

ASME Certificate Number: _____ Date of ASME Review: _____

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. Schedule of events:

<u>Activity</u>	<u>Location</u>	<u>Date & Time</u>
1. QA Manual Review	_____	_____
2. Entrance Meeting	_____	_____
3. Shop/Site Tour	_____	_____
4. QA Manual Discussion	_____	_____
5. Implementation	_____	_____
6. Team Closed Meeting	_____	_____
7. Exit Meeting	_____	_____

Company Name: _____

3. **Code Books Verified for demonstration:** Yes No

Comments: _____

4. **Does the applicant have all parts of the current edition of the NBIC?** Yes No

5. **QA Manual presented to the team at the start of this survey.**

Edition: _____ Revision: _____ Date: _____

6. **Was the QA Manual accepted prior to the exit meeting?**

Yes → Edition: _____ Revision: _____ Date: _____

No

7. **Does the Team recommend issuance of the "NR" Certificate of Authorization?**

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

8. **Scope Category:** 1 2 3

9. **Scope, as agreed by applicant, to be listed on the Certificate of Authorization:**

Company Name: _____

- 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.**

- 11. Summary Report Attached** Yes No

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

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

Team Makeup	Team Acceptance	
NB TL _____	Signature: _____	Date: _____
NB TM _____	Signature: _____	Date: _____
ANIS _____	Signature: _____	Date: _____
ANI _____	Signature: _____	Date: _____
JA _____	Signature: _____	Date: _____
Other _____	Signature: _____	Date: _____

Team members and observers are prohibited from discussing this organization’s information, proprietary or otherwise, or the survey 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.

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

ADD PAGE