

QUALIFICATION REVIEW REPORT FOR ACCREDITATION OF AUTHORIZED INSPECTION AGENCIES (INSERVICE)

Date(s) of Survey: _____

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			

Company Name: _____

3. Manual Review and Implementation

(a) Manual Review

Review the Quality Program Manual against National Board documents NB-369, *Accreditation of Authorized Inspection Agencies (AIA) Performing Inservice or Repair/Alteration Inspection Activities*, 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.

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						
Corrective Action						
Approval						
Audits						
Forms						

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 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