



QUALIFICATION REVIEW REPORT FOR THE NATIONAL BOARD "VR" AND "T/O" CERTIFICATES OF AUTHORIZATION



THE NATIONAL BOARD OF BOILER AND PRESSURE VESSEL INSPECTORS

Date of Review: _____

Application: New VR or Renewal VR: Certificate No.: _____ Certificate Expiration Date: _____
 New T/O or Renewal T/O: Certificate No.: _____ Certificate Expiration Date: _____

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

Name

Street

City State/Province Country Postal Code

2. Intended Scope of Activities

Verify application with the applicant prior to completing this form.

An item on the application has changed; revised application attached to this report. Application information verified as correct (including mailing address).

3. Description of Implementation Demonstration: *Attach Pressure Relief Valve Selection Sheet, NB-570.*

Machining: Not Applicable

Conversions: Not Applicable

Welding: Not Applicable

Change of Set Pressure: Not Applicable

Previous Job Files: Not Applicable

4. Manual and Implementation Checklist:

NOTE: ALL UNACCEPTABLE ITEMS MUST BE DESCRIBED ON ATTACHMENT 1 OR A SIMILARLY FORMATTED FORM. UNACCEPTABLE INCLUDES ALL DEFICIENCIES, WHETHER LEFT OPEN OR CLOSED. CORRECTIVE ACTION TAKEN TO CLOSE THE ITEM SHOULD BE DESCRIBED ON SAID ATTACHMENTS.

	Manual Review			Implementation		
	Acceptable	Unacceptable O = Open C = Closed	Not Applicable	Acceptable	Unacceptable O = Open C = Closed	Not Applicable
1. Title Page	<input type="checkbox"/>					
2. Revision Log	<input type="checkbox"/>					
3. Contents Page	<input type="checkbox"/>					
4. Authority and Responsibility	<input type="checkbox"/>					
5. Organization	<input type="checkbox"/>			<input type="checkbox"/>		
6. Scope of Work	<input type="checkbox"/>			<input type="checkbox"/>		
7. Drawings, Design and Specification	<input type="checkbox"/>			<input type="checkbox"/>		
8. Materials and Inspection Control	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9. Inspection Program	<input type="checkbox"/>			<input type="checkbox"/>		
10. Welding	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11. NDE	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12. Heat Treatment	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
13. Valve Testing, Setting, and Sealing	<input type="checkbox"/>			<input type="checkbox"/>		
14. Nameplates	<input type="checkbox"/>			<input type="checkbox"/>		
15. Calibration	<input type="checkbox"/>			<input type="checkbox"/>		
16. Manual Control	<input type="checkbox"/>			<input type="checkbox"/>		
17. Correction of Nonconformities	<input type="checkbox"/>			<input type="checkbox"/>		
18. Exhibits	<input type="checkbox"/>			<input type="checkbox"/>		
19. Testing Equipment	<input type="checkbox"/>			<input type="checkbox"/>		
20. Training and Qualification of Personnel	<input type="checkbox"/>			<input type="checkbox"/>		
21. Qualification of Testing Equipment	<input type="checkbox"/>			<input type="checkbox"/>		
22. Construction Codes/NBIC/NB-18 Available				<input type="checkbox"/>		

Attachments Submitted:

Revised Application, NB-550

Note revision: _____

Valve Selection Report, NB-570

Attachment 1, NB-561 (Quantity of Pages: _____)

Attendant Sheet (Quantity of Pages: _____)

Other: _____

Other: _____

5. Please list attendees below or attach attendance sheet with identical information:

Print Name	Print Title	Signature	Company/Organization

6. Team Recommendation:

- Issue Certificates shown below
 Issue Certificates shown below with follow-up on Corrective Action
 Re-review Certificates to be issued:
 VR
 T/O

7. List any further information which is important for consideration, including any additional discussions at the exit meeting:

National Board Representative (print name)	Signature	Representative No.	Date
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Jurisdictional Representative (print name)	Signature		Date
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Observer (print name)	Signature		Date
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Team members are prohibited from discussing this organization’s proprietary information as well as the information contained in their report at any time, unless with National Board staff Appeal’s Committee members. Information obtained by the Team, staff or committee members shall be held in strict confidence. A copy of this report will be left with the organization upon request.

National Board Appeals Committee procedure provides for appeals by an aggrieved party. Individuals may request information concerning this procedure by contacting the Secretary-Appeals Committee, 1055 Crupper Avenue, Columbus, Ohio 43229 or fax (614) 847.1828.

8. Completion of Follow-up Corrective Action required in Item 6 above:

- All open findings have been closed – Recommend Certificate Issuance.

National Board Representative (print name)	Signature	Representative No.	Date
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ATTACHMENT 1 – MANUAL/IMPLEMENTATION DEFICIENCIES

Describe deficiencies found and listed under “Unacceptable” in Item 4 of the QRR.

FINDING #: _____

Check one: Manual Deficiency

Implementation Deficiency

ACTION TAKEN:

ITEM: CLOSED OPEN ----- Follow-up Completed – Item Closed by _____ on _____

FINDING #: _____

Check one: Manual Deficiency

Implementation Deficiency

ACTION TAKEN:

ITEM: CLOSED OPEN ----- Follow-up Completed – Item Closed by _____ on _____

FINDING #: _____

Check one: Manual Deficiency

Implementation Deficiency

ACTION TAKEN:

ITEM: CLOSED OPEN ----- Follow-up Completed – Item Closed by _____ on _____