



# QUALIFICATION REVIEW REPORT FOR THE NATIONAL BOARD "VR" AND/OR "T/O" CERTIFICATE(S) OF AUTHORIZATION



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

**Application Type:**

"VR" →      **New**      or      **Renewal**      **Certificate No.:** \_\_\_\_\_      **Expiration Date:** \_\_\_\_\_

"T/O" →      **New**      or      **Renewal**      **Certificate No.:** \_\_\_\_\_      **Expiration Date:** \_\_\_\_\_

**Is all information on the originally submitted application verified as correct? Including mailing address, scope and all punctuation (i.e. periods, dashes, commas, etc.) & abbreviations within the company name and address.**

**YES**, all the information on the originally submitted application is verified as correct.

**NO**, the information on the originally submitted application has been changed/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 the Certificate and EXACTLY as it appears in the QC Manual):**

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

\_\_\_\_\_  
Division (if applicable)

\_\_\_\_\_  
Abbreviation for Stamping (if applicable)

\_\_\_\_\_  
Seal Identification (if applicable)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

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

\_\_\_\_\_  
Country

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

**2. Recommended Scope (check all that apply):**

<b>VR SCOPE:</b>					<b>Special NBIC Provisions:</b>					
<b>Location:</b>	Shop	Field	Shop & Field		NB-514, 4.0 Repairs by Manufacturer					
<b>ASME Code Designator(s):</b>	V		NV	HV	UV	Part 4, 4.6.2 Repairs by Owner/User (UV steam on air)				
<b>Test Media:</b>	Steam	Steam (Field Only)	Air/Gas	Liquid		Conversion per Part 4, 4.2b				
					Alternative Testing per NB-514, 11.0					
					Part 4, 4.10 Use of Personnel not in the Certificate Holder's Employ					
<b>Special Process:</b>										
Machining		Welding		Heat Treatment		Welding (by "R" Holder)		NDE*		
*if NDE is chosen, specify the method to be used:			RT	UT	MT	PT	ET	NRT	LT	AE

<b>T/O SCOPE:</b>					<b>Special NBIC Provisions:</b>				
<b>Location:</b>	Shop	Field	Shop & Field		NB-528, 6.0 Testing by Manufacturer				
<b>ASME Code Designator(s):</b>	V		HV	UV		UV steam valves tested on air			
<b>Test Media:</b>	Steam	Steam (Field Only)	Air/Gas	Liquid		Alternate Verification testing per NB-528, 11.0			

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

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

<b>Machining:</b>	<b>Not Applicable</b>

<b>Conversions:</b>	<b>Not Applicable</b>

<b>Welding:</b>	<b>Not Applicable</b>

<b>Change of Set Pressure:</b>	<b>Not Applicable</b>

<b>Previous Job Files:</b>	<b>Not Applicable</b>

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

**4. 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.	Title Page						
2.	Revision Log						
3.	Contents Page						
4.	Authority and Responsibility						
5.	Organization						
6.	Scope of Work						
7.	Drawings, Design and Specification						
8.	Materials and Inspection Control						
9.	Inspection Program						
10.	Welding						
11.	NDE						
12.	Heat Treatment						
13.	Valve Testing, Setting, and Sealing						
14.	Nameplates						
15.	Calibration						
16.	Manual Controls						
17.	Correction of Nonconformities						
18.	Records Retention						
19.	Exhibits						
20.	Testing Equipment						
21.	Field Testing/Repair						
22.	Training and Qualification of Personnel						
23.	Annual Audits						
24.	Qualification of Testing Equipment						
25.	Construction Codes/NBIC/NB-18 Available						

**5. Please note attachments below:**

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

**6. Manual presented to the team at the start of this review:** Edition: \_\_\_\_\_ Revision: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

No, please explain:

**8. Does the Team Leader recommend issuance of the “VR” and/or “T/O” Certificate(s) of Authorization? If “Other” is marked, please explain in the line 9 comment box.**

**“VR” → YES YES, once the follow-up corrective action has been accepted. NO, recommend re-review OTHER**

**“T/O” → YES YES, once the follow-up corrective action has been accepted. NO, recommend re-review OTHER**

**9. Comments/Remarks:** List any further information which the Team Leader believes is important for the Pressure Relief Laboratory consideration, including any additional discussions at the exit meeting or instructions for completion of follow-up corrective action.

**ALL REPORTS FROM REVIEWS, MUST BE SUBMITTED TO [PRD@NBBI.ORG](mailto:PRD@NBBI.ORG) WITHIN ONE WEEK FOLLOWING THE RETURN FROM THE ASSIGNMENT.**

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

\_\_\_\_\_  
 Team Leader (print name)                      Signature                      Date                      Team Leader No.

\_\_\_\_\_  
 Jurisdiction Representative (print name)    Signature                      Date                      Nat’l Bd #                      Endorsement

\_\_\_\_\_  
 Observer (print name)                      Signature                      Date

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 Appeals Committee members, without the client’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 National Board Pressure Relief Laboratory, 7437 Pingue Dr., Worthington, Ohio 43085 or [prd@nbbi.org](mailto:prd@nbbi.org).

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

\*\*Use additional pages as necessary\*\*

**X** \_\_\_\_\_  
Signature of Team Leader

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Team Leader

**ADD PAGE**

# ATTENDANCE SHEET

Page \_\_\_\_ of \_\_\_\_

Date: \_\_\_\_\_

Review  
  Investigation  
  Audit  
  Other

**Company Information:**

Company 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**