



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: _____

1. 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.

2. Organization's name and physical address (as it is to appear on the Certificate and EXACTLY as it appears in the QC Manual):

Name

Division (if applicable)

Abbreviation for Stamping (if applicable)

Seal Identification (if applicable)

Street

City

State/Province

Country

Postal Code

3. Recommended Scope (check all that apply):

VR SCOPE:		Special NBIC Provisions:	
Location:	<input type="checkbox"/> Shop <input type="checkbox"/> Field <input type="checkbox"/> Shop & Field	<input type="checkbox"/> NB-514, 4.0 Repairs by Manufacturer	
ASME Code Designator(s):	<input type="checkbox"/> V <input type="checkbox"/> NV <input type="checkbox"/> HV <input type="checkbox"/> UV	<input type="checkbox"/> Part 4, 4.6.2 Repairs by Owner/User (UV steam on air)	
Test Media:	<input type="checkbox"/> Steam <input type="checkbox"/> Steam (Field Only) <input type="checkbox"/> Air/Gas <input type="checkbox"/> Liquid	<input type="checkbox"/> Conversion per Part 4, 4.2b)	
Special Process:	<input type="checkbox"/> Machining <input type="checkbox"/> Welding <input type="checkbox"/> Heat Treatment <input type="checkbox"/> Welding (by "R" Holder) <input type="checkbox"/> NDE*	<input type="checkbox"/> Alternative Testing per NB-514, 11.0	
*if NDE is chosen, specify the method to be used:		<input type="checkbox"/> Part 4, 4.8.6.2 Use of Owner/User Personnel	
		<input type="checkbox"/> RT <input type="checkbox"/> UT <input type="checkbox"/> MT <input type="checkbox"/> PT <input type="checkbox"/> ET <input type="checkbox"/> NRT <input type="checkbox"/> LT <input type="checkbox"/> AE	

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

Company Name: _____

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

Machining:	<input type="checkbox"/> Not Applicable

Conversions:	<input type="checkbox"/> Not Applicable

Welding:	<input type="checkbox"/> Not Applicable

Change of Set Pressure:	<input type="checkbox"/> Not Applicable

Previous Job Files:	<input type="checkbox"/> Not Applicable

Company Name: _____

5. Manual and Implementation Checklist: (Please complete the following checklist)

No.	Note: All manual deficiencies, whether left open or closed, must be noted on Attachment 1 . All implementation deficiencies, whether left open or closed, must be noted on Attachment 2 . 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.	Qualification of Testing Equipment						
24.	Construction Codes/NBIC/NB-18 Available						

Attachments must be noted by form name and quantity. For example, "Attachment 1, Page ___ of ___"
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 recommend issuance of the “VR” and/or “T/O” Certificate 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. List any further information which the team believes is important for the Pressure Relief Departments consideration, including any additional discussions at the exit meeting, lack of team concurrence or instructions for completion of follow-up corrective action.

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

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 Appeal 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 Department, 7437 Pingue Dr., Worthington, Ohio 43085 or 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

****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: _____

Code Reference/ QCM Paragraph	No: _____ DESCRIPTION OF DEFICIENCY
STATUS	CORRECTIVE ACTION TAKEN
<input type="checkbox"/> Open <input type="checkbox"/> Closed	
Code Reference/ QCM Paragraph	No: _____ DESCRIPTION OF DEFICIENCY
STATUS	CORRECTIVE ACTION TAKEN
<input type="checkbox"/> Open <input type="checkbox"/> Closed	
Code Reference/ QCM Paragraph	No: _____ DESCRIPTION OF DEFICIENCY
STATUS	CORRECTIVE ACTION TAKEN
<input type="checkbox"/> Open <input type="checkbox"/> 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:

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