

QUALIFICATION REVIEW REPORT FOR AUTHORIZATION OF REPAIR/ALTERATION INSPECTION ACTIVITIES PERFORMED BY AUTHORIZED INSPECTION AGENCIES (NB-360)

Date(s) of review: _____ **Type of Review:**
 New
 Renewal
 Resurvey

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 the certificate):

Name

Division (when applicable)

Street

_____ City _____ State/Province _____ Country _____ Postal Code

2. Check all recommended scope activities that apply:

- New Construction Inspections
- *Acceptance Inspection of Repairs and Alterations (**CHOOSE ONE OPTION BELOW**)
- * Non-Nuclear Nuclear Non-Nuclear & Nuclear

3. 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 document 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 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 (note deficiency number)

| 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 | | | | | | |
| Inspection Methods | | | | | | |
| Reporting | | | | | | |
| Control of Contracted Services (if applicable) | | | | | | |
| Corrective Action | | | | | | |
| Approval | | | | | | |
| Audits | | | | | | |
| Forms | | | | | | |
| National Board Copy | | | | | | |
| Other: _____ | | | | | | |

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 including the Authorization to provide third party inspection services for repairs and alterations in accordance with the National Board Inspection Code with the NB-360, *Certificate of Acceptance*?

Yes Yes, once open deficiencies are closed No, recommend re-survey

7. List any further information which the Surveyor 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

National Board Team Leader Number

Signature

Date

**Note: Distribution of this report is limited to:
Original to National Board
Copy to applicant**

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: _____

| | |
|--|--|
| 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 |
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