



Standard Guide for Evaluating Capabilities of Nondestructive Testing Agencies¹

This standard is issued under the fixed designation E 1359; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ϵ) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 This guide establishes areas for review and provides a survey form that can be used in determining the competence of a nondestructive testing agency.

1.1.1 Criteria from Practices E 543, E 1212, and ASNT SNT-TC-1A, ANSI/ASNT CP-189, and ACCP-Rev. 1, were used in the preparation of this guide.

1.2 Areas for review should include, but are not limited to, the following: description of the agency, its facilities and organization; documentation of policies or practices, or both, including a) contract review, b) equipment calibration, and c) personnel qualifications.

2. Referenced Documents

2.1 *ASTM Standards:*

E 543 Practice for Agencies Performing Nondestructive Testing²

E 994 Guide for Calibration and Testing Laboratory Accreditation Systems General Requirements for Operation and Recognition³

E 1212 Practice for Quality Control Systems for Nondestructive Testing Agencies²

2.2 *ASNT/ANSI Documents:*

ASNT Recommended Practice SNT-TC-1A Personnel

Qualification and Certification in Nondestructive Testing⁴
ANSI/ASNT CP-189 Standard for Qualification and Certification of Nondestructive Testing Personnel⁴
ACCP Rev. 1 ASNT Central Certification Program⁴
IRRSP Industrial Radiographer and Radiation Safety Program

3. Significance and Use

3.1 The use of this survey form will provide the auditor with a guide for evaluating an agency.

3.1.1 The description of the agency's facility and its organization will aid the auditor in determining if the agency has adequate capacity and capability to fulfill the contractual requirement.

3.1.2 A review of the agency's policies and/or practices will aid the auditor in determining if the agency has adequate controls on its system.

3.1.3 A review of the agency's records will aid the auditor in determining if the facility complies with its own written policies or practices, or both.

3.2 The recommendations set forth in this guide are minimums and should be supplemented by the user, as necessary, to meet the specific requirements of the contract.

3.3 The use of this survey form provides the auditor with a permanent record and includes a corrective action request.

4. Keywords

4.1 agency; equipment; facilities; personnel; quality assurance; survey

¹ This guide is under the jurisdiction of ASTM Committee E07 on Nondestructive Testing and is the direct responsibility of Subcommittee E07.09 on Nondestructive Testing Laboratories.

Current edition approved June 10, 2002. Published August 2002. Originally published as E 1359 – 90. Last previous edition E 1359 – 99.

² *Annual Book of ASTM Standards*, Vol 03.03.

³ *Annual Book of ASTM Standards*, Vol 14.02.

⁴ Available from ASNT, 1711 Arlingate Plaza, P.O. Box 28518, Columbus, OH 43228-0518.

Survey Number _____
Survey Date _____

**SURVEY OF NONDESTRUCTIVE TESTING AGENCY FACILITIES
(Part A)**

I. AGENCY'S LEGAL NAME AND ADDRESS:

TELEPHONE () _____ ZIP _____

II. PERSONNEL CONTACTED:

NAME: _____ TITLE: _____

III. TYPE OF SERVICE/EXAMINATION PERFORMED:

IV. DESCRIPTION OF FACILITIES:

IN-HOUSE: Square Feet of NDT Work Area: _____
Total No. of Employees: _____
No. of Each Level of Certified NDT Personnel at:
Level I _____ Level II _____ Level III _____ IRRSP or State Radiographer _____
Description of NDT Equipment (attach list if extensive):

FIELD WORK: Description of NDT Equipment (attach list if extensive):

No. of Each Level of Certified NDT Personnel at:
Level I _____ Level II _____ Level III _____ IRRSP or State Radiographer _____

NDT Subcontractors Utilized:

1) Name _____
Address _____
Zip _____
Type of Service: _____

2) Name _____
Address _____
Zip _____
Type of Service: _____

3) Name _____
Address _____
Zip _____
Type of Service: _____

4) Name _____
Address _____
Zip _____
Type of Service: _____

V. SURVEYED FOR APPROVAL:

Examination Method	Recommended	Not Recommended	Date
1) Liquid Penetrant	_____	_____	_____
2) Magnetic Particle	_____	_____	_____
3) Radiographic	_____	_____	_____
4) Ultrasonic	_____	_____	_____
5) Eddy Current	_____	_____	_____
6) Leak Testing	_____	_____	_____
7) Acoustic Emission	_____	_____	_____
8) Other	_____	_____	_____

Comments (Such as System Certificate Approvals)

V. REASON FOR SURVEY:

1) Initial Survey _____ Follow Up Survey _____ Reapproval Survey _____
2) Surveyor's Signature _____ Date _____
3) Corrective Action Verified _____ Date _____
Surveyor

SURVEY OF NONDESTRUCTIVE AGENCY SYSTEM
(Part B)
QUALITY ASSURANCE/QUALITY CONTROL

		Yes	No	N/A
1)	Does the Agency have a QA/QC Manual? If yes, latest revision date: _____	_____	_____	_____
2)	Is there a separate QA/QC Department? If yes, list name and title of the Department Head: Name _____ Title _____	_____	_____	_____
3)	Is there an NDT organization chart available? Obtain or sketch on back of previous page. List the name and titles of the individual(s) responsible. Name _____ Title _____	_____	_____	_____
4)	Are contract requirements reviewed to assure NDT specification compliance? If yes, list name and title of the responsible individual: Name _____ Title _____	_____	_____	_____
5)	Are NDT specification (contract) requirements passed on to NDT Level I and II personnel by written procedures and/ or instructions approved by an NDT Level III? If not, how are requirements passed on to the NDT Level I and II personnel? _____ _____ _____	_____	_____	_____
6)	Are records maintained of NDT activities affecting quality? If yes, how long? _____	_____	_____	_____
7)	Is the identity of the product being examined maintained throughout all operations? If no, how is identity controlled? _____ _____	_____	_____	_____
8)	Is there a procedure for controlling and segregating nonconforming NDT equipment and materials? Procedure No. _____ How? _____	_____	_____	_____
9)	Does the Agency have internal audits for compliance with its QA/QC manual? a) Who performs and/or reviews the audits? _____ b) What are the frequency of the audits? _____ c) Is there a corrective action or prevention program in place? _____	_____	_____	_____
10)	Are the NDT facilities, instructions, and specifications adequate to perform the type of work to be performed? If no, list reason(s) on the corrective action report. _____	_____	_____	_____

SURVEY OF NONDESTRUCTIVE TESTING AGENCY PERSONNEL
(Part D)

	Yes	No	N/A
1) Is (Are) there a written practice(s) or procedures for Personnel Certification? If yes, list document title and/or ID number and latest revision date: Title/ID # _____ Revision Date _____	_____	_____	_____
2) Does (Do) the Agency's written practice(s) describe the responsibilities of: NDT Level I _____ NDT Level II _____ NDT Level III (Examiner) _____ Which levels may accept or reject material? _____	_____	_____	_____
3) Is there a training program described in the Agency's written practice? (a) If no, what document(s) is (are) the basis for training program requirements? _____	_____	_____	_____
4) Are all personnel certified by examination for all levels of certification? (a) If no, explain: _____	_____	_____	_____
5) Have the written and practical examinations been prepared in accordance with the Agency's written practice? (a) If no, explain: _____ _____ _____ (b) If no, what documents is/are the basis for preparation of qualification examinations? _____ _____	_____	_____	_____
6) Are eye examinations required for all NDT personnel? (a) If no, explain: _____ _____ (b) Do they meet the recommended practice of SNT-TC-1A? (c) If no, what document(s) is/are the basis for eye examination requirements? _____ _____	_____	_____	_____
7) Does the Agency's practice address the recertification of all NDT personnel? If no, explain: _____ _____ Are NDT personnel recertified by satisfactory performance or by reexamination? _____ At what frequency are NDT personnel recertified? _____	_____	_____	_____
8) Does the Agency's practice address conditions under which certification is to be revoked?	_____	_____	_____
9) Are all personnel certification records available for review? If no, explain: _____ _____ If yes, select at least one individual each at NDT Level III, Level II, and Level I to verify the Agency's compliance with its own written practice. a) NDT Level III Name _____ Method of Certification _____ Describe the source of examinations: _____ _____ Date of (re)certification _____ Basic Examination: ID # _____ Grade _____ # of Questions _____ Method Examination: ID # _____ Grade _____ # of Questions _____ Specific Examination: ID # _____ Grade _____ # of Questions _____ Practical Examination: ID # _____ Grade _____ # of Questions _____ Latest Vision Examination Date: _____ Is there a record of training and experience? Certifying Representative's or NDT Level III's signature? _____	_____	_____	_____

**SURVEY OF NONDESTRUCTIVE TESTING AGENCY PERSONNEL
(Part D)**

Yes No N/A

Does the NDT Level III hold certificates or certifications issued by outside agencies? (ASNT or others)

If so, list below:

Certificate No. _____

Date Issued: _____

Issued by: _____

(b) NDT Level II

Name _____

Method of Certification _____

Limitations _____

Date of (re)certification _____

General Examination:

ID # _____

Grade _____

of Questions _____

Specific Examination:

ID # _____

Grade _____

of Questions _____

Practical Examinations:

ID # _____

Grade _____

of Questions _____

Latest Vision Examination Date: _____

Is there a record of training and experience?

Certifying Representative's or Examiner's signature?

(c) NDT Level I

Name _____

Method of Certification _____

Limitations _____

Date of Certification _____

General Examination:

ID # _____

Grade _____

of Questions _____

Specific Examinations:

ID # _____

Grade _____

of Questions _____

Practical Examinations:

ID # _____

Grade _____

of Questions _____

Latest Vision Examination Date: _____

Is there a record of training and experience?

Certifying Representative's or NDT Level III's signature?

(d) Are Radiographers certified for radiation safety to satisfy State or NRC requirements? If so, identify the certifying agency

1) ASNT

2) Agreement State

10) Based on the review of the above records, are the minimum recommendations of SNT-TC-1A met for:

Training Hours:

Experience? _____

Test Questions? _____

11) Based on the review of the above records, are the minimum requirements of ANSI/ASNT CP-189 met for:

Training Hours?

Experience? _____

Test Questions? _____

12) Are outside agencies used to train NDT personnel?

If yes, please list:

Name _____

Address _____

_____ Zip _____

13) Are outside Agencies Used to examine NDT personnel for qualification?

If yes, please list:

Name _____

Address _____

_____ Zip _____

**SURVEY OF NONDESTRUCTIVE TESTING AGENCY
SURVEY REPORT AND/OR CORRECTIVE ACTION REQUEST**

(Part E)

AGENCY NAME: _____

ADDRESS: _____
 _____ ZIP _____

TELEPHONE: () _____

The following items were found to be in non-compliance:

Item #	Non-compliance	Recommendation
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

CORRECTIVE ACTION RESPONSE

Item #	Planned Corrective Action	Will Be Completed by (Date)
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

GENERAL COMMENTS:

SURVEY RATING:

_____ Approved _____ Conditionally Approved _____ Disapproved

*Conditional approval indicates that deficient areas, of a readily correctable nature, have been noted and that satisfactory corrective action, and verification of the corrective action, must be implemented within _____ days or else the rating will be changed to DISAPPROVED.

AGENCY'S REPRESENTATIVE:

Name: _____ Signature _____

Title _____ Date _____

SURVEYOR'S SIGNATURE _____

DATE _____

ASTM International takes no position respecting the validity of any patent rights asserted in connection with any item mentioned in this standard. Users of this standard are expressly advised that determination of the validity of any such patent rights, and the risk of infringement of such rights, are entirely their own responsibility.

This standard is subject to revision at any time by the responsible technical committee and must be reviewed every five years and if not revised, either reapproved or withdrawn. Your comments are invited either for revision of this standard or for additional standards and should be addressed to ASTM International Headquarters. Your comments will receive careful consideration at a meeting of the responsible technical committee, which you may attend. If you feel that your comments have not received a fair hearing you should make your views known to the ASTM Committee on Standards, at the address shown below.

This standard is copyrighted by ASTM International, 100 Barr Harbor Drive, PO Box C700, West Conshohocken, PA 19428-2959, United States. Individual reprints (single or multiple copies) of this standard may be obtained by contacting ASTM at the above address or at 610-832-9585 (phone), 610-832-9555 (fax), or service@astm.org (e-mail); or through the ASTM website (www.astm.org).