

QUALIFICATION REVIEW REPORT FOR ACCREDITATION OF OWNER-USER INSPECTION ORGANIZATIONS, FEDERAL INSPECTION AGENCIES, AND AUTHORIZED INSPECTION AGENCIES (INSERVICE)

Date(s) of Review: _____ **Certificate Type:** **OUIO** **AIA (369)** **FIA**

Certificate No. (OUIO Only): _____ **Certificate Expiration Date:** _____

Type of Review: **New** **Renewal** **Re-Review**

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 application is verified as correct.

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 (Exactly as it is to appear on the Certificate, including Capitalizations, Punctuation, and abbreviations.)

Name

Division (when applicable)

Street

City State/Province Country Postal Code

- 2. Scope of Activities: (check all that apply)**
- Inservice Inspections
 Acceptance Inspections of Repairs and Alterations (*Choose one below)
 * Repairs Only Repairs and Alterations

3. Schedule of Events

Events	Date	Times (Start & Stop)	Location
Manual Review			
Opening Meeting w/Applicant			
Manual Review w/ Applicant			
Implementation			
Exit Meeting w/Applicant			

Company Name: _____

4. Manual Review and Implementation

(a) **Manual Review**

Review the Quality Program Manual against National Board documents 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 of 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, "DFO" = Deficiency Found and Open (note deficiency number)

	MANUAL REVIEW			IMPLEMENTATION		
	YES	DFC	DFO	YES	DFC	DFO
Quality System Requirements						
Title Page						
Statement of Authority						
Organization						
Quality Program Responsibilities						
Program Description/Scope						
Document Control						
Training						
Records						
Corrective Action						
Inspection Methods						
Reporting						
Control of Contracted Services (if applicable)						
Approval						
Audits						
Independence, Impartiality, and Integrity						
Inspector Diary						
Forms						
National Board Copy						
Other: _____						

If "DFC" or "DFO" is noted above, indicate conditions found on Attachment 1 for Manual Deficiencies and/or Attachment 2 for Implementation Deficiencies.

Company Name: _____

5. Manual presented to the team at the start of this review:

Edition: _____ Revision: _____ Date: _____

6. Was the manual accepted prior to the exit meeting?

Yes → Edition: _____ Revision: _____ Date: _____
No

7. Comments/Remarks: List any further information the team leader believes is important, including any additional discussions at the exit meeting or instructions for closing any open deficiencies, and list any attachments to this QRR.

[Click here to add additional comments/remarks](#)

8. Does the Team Leader recommend issuance of the *Certificate of Accreditation*?

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

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

10. Audit Performed by:

Printed Name

Team Leader Number

Signature

Date

The Team Leader and any 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 Leader, 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 Accreditation Department at accreditation@nbbi.org.

IMPORTANT:

ALL REPORTS FROM YOUR SCHEDULED REVIEWS/SURVEYS, MUST BE SUBMITTED TO SHOPREVIEWS@NBBI.ORG WITHIN ONE WEEK FOLLOWING THE RETURN FROM THE ASSIGNMENT.

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

Use additional pages as necessary

X _____
Signature of Team Leader

Date

Printed name of Team Leader

ADD PAGE

ATTENDANCE SHEET

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:		
			Manual Review	Opening Meeting	Exit Meeting

ADD PAGE