



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.

1.3 The use of SI or inch-pound units, or combinations thereof, will be the responsibility of the technical committee whose standards are referred to in this standard.

2. Referenced Documents

2.1 ASTM Standards:²

E 543 Specification for Agencies Performing Nondestructive Testing

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

E 1212 Practice for Quality Management Systems for Nondestructive Testing Agencies

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 Agencies.

Current edition approved July 1, 2009. Published July 2009. Originally approved in 1990. Last previous edition approved in 2008 as E 1359 - 02(2008).

² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

³ Withdrawn. The last approved version of this historical standard is referenced on www.astm.org.

2.2 ASNT/ANSI Documents:⁴

ASNT Recommended Practice SNT-TC-1A Personnel Qualification and Certification in Nondestructive Testing
ANSI/ASNT CP-189 Standard for Qualification and Certification of Nondestructive Testing Personnel
ACCP Rev. 1 ASNT Central Certification Program
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

⁴ Available from American Society for Nondestructive Testing (ASNT), P.O. Box 28518, 1711 Arlington Ln., Columbus, OH 43228-0518, <http://www.asnt.org>.



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 _____
3) Corrective Action Verified _____
Surveyor _____

Date _____
Date _____



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 EQUIPMENT CALIBRATION**
(Part C)

	Yes	No	N/A
1) Are adequate procedures in effect to control the maintenance, calibration, and use of NDT equipment including applicable tools, gages, and instrumentation? If yes, list applicable procedures: _____ _____ _____	_____	_____	_____
2) Are applicable calibrations traceable to NIST? Verify records.	_____	_____	_____
3) Is NDT equipment (tools, gages, and instruments) identified to reflect: Date last calibrated? _____ Date of next calibration? _____ Identity or Serial Number? _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
4) Do the calibration procedures specify frequency-intervals?	_____	_____	_____
5) Are calibrations performed in-house?	_____	_____	_____
6) Are calibrations performed by an outside service? If yes, list name and address: Name _____ Address _____ _____ Zip _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
7) Do calibration records include: Inventory of equipment requiring calibration? _____ Manufacturer, Model, and Serial Number? _____ Calibration frequency? _____ Reference to calibration procedure and standard? _____ Date of last calibration? _____ Date of next calibration? _____ Name of individual who performed last calibration? _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____

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Yes No N/A

**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 _____

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