



Standard Guide for Evaluating Capabilities of Nondestructive Testing Agencies¹

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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 [E543](#), [E1212](#), and ASNT SNT-TC-1A, ANSI/ASNT CP-189, and NAS-410, 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

[E543 Specification for Agencies Performing Nondestructive Testing](#)

[E1212 Practice for Quality Management Systems for Nondestructive Testing Agencies](#)

2.2 *ASNT/ANSI Documents*:³

[ASNT Recommended Practice No. SNT-TC-1A Personnel Qualification and Certification in Nondestructive Testing](#)

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.

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

[ANSI/ASNT CP-189 ASNT Standard for Qualification and Certification of Nondestructive Testing Personnel](#)
[IRRSP Industrial Radiographer and Radiation Safety Program](#)

[2.3 AIA Standard](#):⁴

[NAS-410 NAS Certification and Qualification of Nondestructive Test Personnel](#)

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 Aerospace Industries Association of America, Inc. (AIA), 1000 Wilson Blvd., Suite 1700, Arlington, VA 22209-3928, <http://www.aia-aerospace.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 _____ 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 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?	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____



**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? _____	_____	_____	_____



Yes No N/A

Certificate No. _____
Date Issued: _____
Issued by: _____

Name _____

Method of Certification _____

Limitations _____

Date of (re)certification _____

General Examination:

 ID # _____

 Grade _____

 # of Questions _____

ID # _____
Grade _____
of Questions _____

ID # _____
Grade _____
of Questions _____

Name _____
 Method of Certification _____
 Limitations _____
 Date of Certification _____
 General Examination:
 ID # _____
 Grade _____
 # of Questions _____

ID # _____
Grade _____
of Questions _____

ID # _____
Grade _____
of Questions _____

2) Agreement State

Training Hours:
Experience?
Test Questions?

Training Hours?
Experience?
Test Questions?

Name _____

Address _____

Zip _____

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 _____

SUMMARY OF CHANGES

Committee E07 has identified the location of selected changes to this standard since the last issue (E1359 - 09) that may impact the use of this standard. (November 1, 2012)

- | | |
|--|---|
| (1) Revised titles to current for SNT-TC-1A, and ACCPCP- 1 in 1.1.1 and 2.2. | (2) Deleted E994 from 2.1.
(3) Added NAS 410 as a reference in new subsection 2.3. |
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