**NDTSS/NANDTB/OA/02**

**(Issue 2) – OUTSIDE**

**AGENCY APPLICATION**

**FORM**

**QUALIFICATION AGENCY SERVICES – APPLICATION FOR OUTSIDE AGENCY (OA) ASSESSMENT AND APPROVAL**

(RESPONSIBLE LEVEL 3 TO COMPLETE)

|  |  |  |
| --- | --- | --- |
| **GENERAL INFORMATION ABOUT YOUR ORGANISATION** | | |
| Name of applicant organization: |  | |
| Main contact person:  (Name and Job Title) |  | |
| Company Address: |  | |
| Company Contact Number: |  | |
| Company Email: |  | |
| **QUALIFICATION AGENCY SERVICES - SPECIFIC INFORMATION** | | |
| Is your organization seeking SNANDTB approval for outside agency (answer YES or NO) | |  |
| Is your organization seeking NDTSS/NANDTB approval for employer specific NDT training and/or Qualification Examinations (answer YES or NO) | |  |
| Is your organization seeking NDTSS/NANDTB approval for providing NDT support services, such as drafting written practices, NDT procedures, conducting technical audits or providing other forms of Level III support for qualification of NDT personnel, to external organisations or to clients? (answer YES or NO). If YES, please list services offered below. | |  |
| Please list the nature of NDT qualification support services offered to external organisations or clients. |  | |
| Please list the standard(s) and/or specification(s) that your qualification agency services are designed to satisfy. |  | |

Please provide the following documents in support of your application (where relevant).

1. Quality manual and procedures directly related to the Agency services to be

approved, which should include a description of the overall organisation and names of persons with specific responsibilities in the context of the services to be approved.

2. Qualifications and experience (CV) of the examiners and instructors-Refer to Tables 2 and 3.

3. The current application fee (site audit and approval fees will be invoiced upon completion of the process and before formal approval is issued).

4. Listing and number of NDTSS/SNANDTB certificates issued for the past 12 months (Listing to include candidate name, NDT method(s), serial number of NDTSS/SNANDTB certificate, date issued)

5. Note: If the equipment is customer provided, the customer’s company name and address must be specified in Table 1. Secondly, please provide the signed contractual agreement between the customer and your company. This is for the audit of the facility (if required).

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| **SCOPE OF OUTSIDE AGENCY ACTIVITY – TABLE 1** | | | | | | | | |
| **Method** | **Technique** | **Details**  **(Specified as applicable)** | **Metals**  **(Y/N)** | | **Composites**  **(Y/N)** | **Practical Facilities (Specify location)** | | **Equipment**  **Availability**  **(Customer provided**  **(\*-Note 4)/**  **Organisation owned/leased)** |
| **Methods Specified In EN4179** | | | | | | | | |
| PT | Fluorescent  Water Wash | Manual, semi automated and automated |  | |  |  | |  |
|  | Fluorescent  Post Emulsified | Manual, semi automated and automated |  | |  |  | |  |
|  | Fluorescent  Solvent Removable | Manual |  | |  |  | |  |
|  | | | | | | | | |
| MT | Wet Horizontal  Bench systems | CF, FF, T/B, Coil |  | |  |  | |  |
|  | Portable Systems | Yokes |  | |  |  | |  |
|  | | | | | | | | |
| IRT / TT | Stand-alone camera applications only | N/A |  | |  |  | |  |
|  | | | | | | | | |
| UT | Contact Testing | A, B & C scan, PE, TT |  | |  |  | |  |
|  | C-scan display | TT |  | |  |  | |  |
|  | Immersion A & C- scan display | PE |  |  | | |  |  |
|  | Thickness Gauging | A scan & digital |  |  | | |  |  |
|  | Bond testing | Conventional UT |  |  | | |  |  |
|  | Ultrasonic Phased Array |  |  |  | | |  |  |
| **SCOPE OF OUTSIDE AGENCY ACTIVITY – TABLE 1 (Continued)** | | | | | | | | |
| **Method** | **Technique** | **Details**  **(Specified as applicable)** | **Metals**  **(Y/N)** | **Composites**  **(Y/N)** | | | **Practical Facilities (Specify location)** | **Equipment**  **Availability**  **(Customer provided/**  **Organisation owned)** |
| RT | Digital Radiography | Thin welds, components and structure. |  |  | | |  |  |
|  | X-ray using film | Thin welds, components and structure. |  |  | | |  |  |
|  | Gamma ray using film & plates | Cast components |  |  | | |  |  |
|  | Computed  Radiography | Thin welds, components and structure. |  |  | | |  |  |
|  | Computed Tomography | Thickness Measurement & Special Application |  |  | | |  |  |
|  | Interpretation | Thin welds, components and structure. |  |  | | |  |  |
|  | | | | | | | | |
| ET | High Frequency | Analogue, Phase display |  |  | | |  |  |
|  | Low Frequency | E.g: Analogue,  Phase Display |  |  | | |  |  |
|  | Dual Frequency | E.g.. Phase display |  |  | | |  |  |
|  | Dynamic (Rotating) | E.g.. Phase display |  |  | | |  |  |
|  | Conductivity | Digital |  |  | | |  |  |
|  | | | | | | | | |
| IR | Stationary / Specialized IR system |  |  |  | | |  |  |

**Note: Complete Tables 2 and 3 for initial Outside Agency application or whenever there is a change to the existing nominations.**

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| --- | --- | --- |
| **Table 2: NDT Teaching Staff and Qualifications:** | | |
| 1. | Name |  |
|  | Educational Qualification |  |
|  | Current NDT Qualification |  |
|  |  |  |
| **Note: Table 2 can be expanded as per outside agency’s needs. Each nomination shall be accompanied with the supporting certificates.** | | |

|  |  |  |
| --- | --- | --- |
| **Table 3: NDT Examination Staff and Qualifications:** | | |
| 1. | Name |  |
|  | Educational Qualification |  |
|  | Current NDT Qualification |  |
|  |  |  |
| **Note: Table 3 can be expanded as per outside agency’s needs. Each nomination shall be accompanied with the supporting certificates.** | | |

**I certify that the information given herein is correct and true to the best of my knowledge.**

|  |  |
| --- | --- |
| **Name and Designation / Date** | **Signature / Company Stamp** |

**CHARGES FOR NDTSS/NANDTB APPROVAL OF QUALIFICATION AGENCIES**

**Please refer to NDTSS website https://www.ndtss.org.sg for all fees**

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR NDTSS/NANDTB USE ONLY** | | | |
| Description | Staff Name | Date | Remarks |
| Application Received |  |  |  |
| Documents Reviewed |  |  |  |
| Issued invoice and quotation for on-site audit. |  |  |  |
| Received documents for audit preparation |  |  |  |
| Set audit date and appoint auditor |  |  |  |
| Audit report received |  |  |  |
| Corrective actions accepted |  |  |  |
| Issued final invoice |  |  |  |
| Received payment and approvals issued |  |  |  |
| Update records |  |  |  |
| Determine follow-up/reassessment audit |  |  |  |

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| --- | --- |
| **Change history** | |
| Issue 0 | Initial issue |
| Issue 1 | Added Tables 2 and 3 for the staff qualification details. |
| Issue 2 | Added Note for Tables 2 and 3.  Added Listing and number of NDTSS/SNANDTB certificates issued for the past 12 months (Listing to include candidate name, NDT method(s), serial number of NDTSS/SNANDTB certificate, date issued)-page 3.  Updated Table 1-Ultrasonic Testing. |
| Issue 3 | Page 3-Added “Listing and number of NDTSS/SNANDTB certificates issued for the past 12 months (Listing to include candidate name, NDT method(s), serial number of NDTSS/SNANDTB certificate, date issued)”  Page 3-Added “Qualifications and experience (CV) of the examiners and instructors-*Refer to Tables 2 and 3.”* |

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