

	<h2 style="margin: 0;">Check List for approval of testing laboratory to carry out DT &amp; NDT in compliance with requirement as per ISO 17024</h2>	
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1	Name of the Organisation:
2	Location / Address:
3	a) Contact person and designation:
	b) Telephone: <span style="float: right;">Mobile No:</span>
	c) E-mail:
4	Testing facilities available: UT: Yes <input type="checkbox"/> No <input type="checkbox"/> RT: Yes <input type="checkbox"/> No <input type="checkbox"/> Macro: Yes <input type="checkbox"/> No <input type="checkbox"/> Tensile / Bend: Yes <input type="checkbox"/> No <input type="checkbox"/> Hardness: <input type="checkbox"/> No <input type="checkbox"/> MPT: Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Is it ISO 9001 / 14001 Certified laboratory:    Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Is it NABL Certified laboratory:                      Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Are the inspection / certifying personnel ISO 9712 certified?    Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what is the qualification of personnel for the purpose of inspection? Number of qualified personnel in RT <input type="checkbox"/> UT <input type="checkbox"/> MPT <input type="checkbox"/> LPT <input type="checkbox"/>
8.	No. of exhaust fans <input type="checkbox"/> No. of fire extinguisher <input type="checkbox"/> No. of emergency exits <input type="checkbox"/> No. of windows <input type="checkbox"/>

Remark of Examiner/Assessor

Name and Designation of co-ordinator of the laboratory

IIW India Authorised Examiner/ Assessor

Name:

Signature:

Signature:

Date:

Date: