



The Indian Institute of Welding-ANB

Check List for approval of infrastructure facilities for
acting as a welding test centre in compliance
with requirement as per ISO 17024



1	Name of the organization:
2	Location / Address:
3	a) Contact person and designation:
	b) Telephone (Landline): Mobile No:
	c) E-mail:
4	Nature /Type of Business / Manufacturing:
5	Is the organization ISO 9001 certified: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is the organisation ISO 14000 certified: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is the organization ISO 3834 certified: Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Total area of test centre: (Length X breadth)
	a) Height of the welding area =
	b) Is it demarcated from production area? Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) Will it be possible to make temporary demarcation to control access? Yes <input type="checkbox"/> No <input type="checkbox"/>
	d) Is the area naturally ventilated or does it have exhaust fans? Yes <input type="checkbox"/> No <input type="checkbox"/>
	e) Is the illumination satisfactory for safe movement and work? Yes <input type="checkbox"/> No <input type="checkbox"/>
	f) Does the area have required free space for movement of men and material? Yes <input type="checkbox"/> No <input type="checkbox"/>
	g) Is there fume extraction system if required for the specific welding process? Yes <input type="checkbox"/> No <input type="checkbox"/>
	h) Is emergency exit system available? Yes <input type="checkbox"/> No <input type="checkbox"/>
	i) Are there sufficient windows and other openings for light / ventilation? Yes <input type="checkbox"/> No <input type="checkbox"/>

<u>Welding equipment: Number of machines and capacity and last date of calibration:</u>																
	<table border="1"> <thead> <tr> <th><u>Equipment type</u></th> <th><u>Capacity</u></th> <th><u>Date of calibration</u></th> </tr> </thead> <tbody> <tr> <td>a) MMAW</td> <td></td> <td></td> </tr> <tr> <td>b) GMAW</td> <td></td> <td></td> </tr> <tr> <td>c) GTAW</td> <td></td> <td></td> </tr> <tr> <td>d) OTHERS:</td> <td></td> <td></td> </tr> </tbody> </table>	<u>Equipment type</u>	<u>Capacity</u>	<u>Date of calibration</u>	a) MMAW			b) GMAW			c) GTAW			d) OTHERS:		
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8.	Other associated equipment / accessories: (Availability, numbers and calibration) <ul style="list-style-type: none"> a) Gas cutting machine b) Hacksaw machine c) Grinding machines d) Manipulators / fixtures for holding test coupons e) Electrode Drying Ovens f) Pre-heating / Post-heating facilities 															
9.	Protection and Safety: <ul style="list-style-type: none"> a) Is there provision for supply of adequate personal protective accessories for the welding process and test? Yes <input type="checkbox"/> No <input type="checkbox"/> b) Is there a first aid box available with required medicines and normal requirements for a welding shop? Yes <input type="checkbox"/> No <input type="checkbox"/> c) Is there safety posters / instruction for first aid in case of Electric shock? Yes <input type="checkbox"/> No <input type="checkbox"/> 															
10	The WTC will arrange a temporally demarcated welding test area for controlling access of unauthorized person by the authorized examiner during the welding certification test.															
11.	General Comment and Recommendation for approval for the specific qualification Test:															

Final remark of Examiner/Assessor:

It is understood that the Welding Test Centre (WTC) is providing facilities for conducting welding tests for certification of welders as per the applicable welding national / international standard following the system prescribed under ISO: 17024-2012 attracting the provision of confidentiality under Cl. 7. The information obtained during the testing process should not be disclosed to an unauthorized party without the consent of the certification body / client and they should ensure that the confidentiality is not compromised.

Co-ordinator of the Client /Organization

The Indian Institute of Welding - ANB

Name:

Name:

Designation:

Designation:

Signature:

Signature:

Date:

Date: