



The Indian Institute of Welding-ANB

Check List for approval of testing laboratory to
carry out DT & NDT in compliance with requirement
as per ISO 17024



1	Name of the Organisation/ Laboratory :
2	Location / Address:
3	a) Contact person and designation:
	b) Telephone: Mobile No:
	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"/>
	Validity Date of the certificate: <input type="text"/>
6.	Is it a valied NABL Certified laboratory: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Validity Date of the certificate: <input type="text"/>
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

It is understood that the Test laboratory is providing DT & NDT facilities for welded specimen 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.

Name and Designation of Co-ordinator
of the laboratory

IIW India Authorised Examiner/ Assessor

Name:

Signature:

Signature:

Date:

Date: