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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 E 543, E 1212, and ASNT SNT-TC-1A, ANSI/ASNT CP-189, and ACCP-Rev. 1, 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

E 543 [Specification for Agencies Performing Nondestructive Testing](#)

E 994 [Guide for Calibration and Testing Laboratory Accreditation Systems General Requirements for Operation and Recognition](#)

E 1212 [Practice for Quality Management Systems for Nondestructive Testing Agencies](#)

2.2 ASNT/ANSI Documents:³

ASNT Recommended Practice SNT-TC-1A Personnel Qualification and Certification in Nondestructive Testing

ANSI/ASNT CP-189 Standard for Qualification and Certification of Nondestructive Testing Personnel

ACCP Rev. 1 ASNT Central Certification Program

IRRSP Industrial Radiographer and Radiation Safety Program

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

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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 Arlington Ln., Columbus, OH 43228-0518, <http://www.asnt.org>.

**SURVEY OF NONDESTRUCTIVE TESTING AGENCY FACILITIES
 (Part A)**
I. AGENCY'S LEGAL NAME AND ADDRESS:

 _____ ZIP _____
 TELEPHONE () _____

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.	_____	_____	_____