



## Test sheet

Qualification Examination in NDT: \_\_\_\_\_ Level: \_\_\_\_\_

Place of Examination: \_\_\_\_\_

Candidate: \_\_\_\_\_ Date and place of birth: \_\_\_\_\_

title, name, surname

General Examination						Specific Examination					
Test No.:						Test No.:					
Question Ser. No.	Question No.	Answer No.	Question Ser. No.	Question No.	Answer No.	Question Ser. No.	Question No.	Answer No.	Question Ser. No.	Question No.	Answer No.
1			21			1			21		
2			22			2			22		
3			23			3			23		
4			24			4			24		
5			25			5			25		
6			26			6			26		
7			27			7			27		
8			28			8			28		
9			29			9			29		
10			30			10			30		
11			31			11			31		
12			32			12			32		
13			33			13			33		
14			34			14			34		
15			35			15			35		
16			36			16			36		
17			37			17			37		
18			38			18			38		
19			39			19			39		
20			40			20			40		

\_\_\_\_\_ date

\_\_\_\_\_ candidate's signature

Grading of General Part of Examination	Grading of Specific Part of Examination
Number of Questions:	Number of Questions:
Number of Correct Answers:	Number of Correct Answers:
Number of Correct Answers in %:	Number of Correct Answers in %:
*)Passed the exam/Failed the exam	*)Passed the exam/Failed the exam

### Examiners:

\_\_\_\_\_ title, name, surname

\_\_\_\_\_ date

\_\_\_\_\_ signature

\_\_\_\_\_ title, name, surname

\_\_\_\_\_ date

\_\_\_\_\_ signature



## Test sheet – Recertification Examination for Level 3

NDT Method: \_\_\_\_\_ Industrial Sector: \_\_\_\_\_

Place of Examination: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Candidate: \_\_\_\_\_ Date and place of birth: \_\_\_\_\_  
title, name, surname

Part A1 – Knowledge of the Application of the NDT Method (min. 16 Q.) Test No.:									Part A2 – Knowledge of the Requirements of the Certification Scheme (min. 5 Q.) Test No.:		
Q. Ser. No.	Quest. No.	Answ. No.	Q. Ser. No.	Quest. No.	Answ. No.	Q. Ser. No.	Quest. No.	Answ. No.	Q. Ser. No.	Quest. No.	Answ. No.
1			7			13			1		
2			8			14			2		
3			9			15			3		
4			10			16			4		
5			11			17			5		
6			12			18			6		

\_\_\_\_\_  
candidate's signature

Part B – Knowledge of the usual NDT techniques, standards, specifications and used technology (min. 4 Q.) Test No.:					
Q. Ser. No.	Evaluation	Q. Ser. No.	Evaluation	Q. Ser. No.	Evaluation
1	*)Passed/Failed	3	*)Passed/Failed	5	*)Passed/Failed
2	*)Passed/Failed	4	*)Passed/Failed	6	*)Passed/Failed

Grading
Number of questions (A1 + A2 + B):
Number of Correct Answers:
Number of Correct Answers in %:
Total Grading: *)Passed the Exam/Failed the Exam

*In order to pass the Exam, the candidate shall obtain a minimum grade of než 70 %.*

Number of Annexes:

Examiners:

\_\_\_\_\_  
title, name, surname

\_\_\_\_\_  
date

\_\_\_\_\_  
signature

\_\_\_\_\_  
title, name, surname

\_\_\_\_\_  
date

\_\_\_\_\_  
signature





**Annex No 1**

**to the Part B of the Test sheet – Knowledge of the usual NDT techniques, standards, specifications  
and used technology**

Candidate: \_\_\_\_\_  
title, name, surname

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Question Ser. No./Question No.:   1/  

Working out answer:

Question Ser. No./Question No.:   2/  

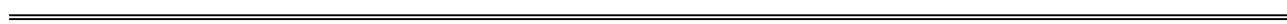
Working out answer:

Question Ser. No./Question No.: 3/

Working out answer:

Question Ser. No./Question No.: 4/

Working out answer:



\_\_\_\_\_  
date

\_\_\_\_\_  
candidate's signature

**Examiners:**

\_\_\_\_\_  
title, name, surname

\_\_\_\_\_  
date

\_\_\_\_\_  
signature

\_\_\_\_\_  
title, name, surname

\_\_\_\_\_  
date

\_\_\_\_\_  
signature



## Test sheet – Basic Examination for Level 3 in NDT; Part A, B, C

Place of Examination: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Candidate: \_\_\_\_\_ Date and place of birth.: \_\_\_\_\_  
title, name, surname

<b>Part A – Test No.:</b>						<b>Part B – Test No.:</b>					
<i>Technical Knowledge in Materials Science and Process Technology</i>						<i>Qualification and Certification System according to the <sup>*)</sup>STN EN 473 Standard/ISO 9712 Standard</i>					
Question Ser. No.	Question No.	Answer No.	Question Ser. No.	Question No.	Answer No.	Question Ser. No.	Question No.	Answer No.	Question Ser. No.	Question No.	Answer No.
1			16			1			16		
2			17			2			17		
3			18			3			18		
4			19			4			19		
5			20			5			20		
6			21			6			21		
7			22			7			22		
8			23			8			23		
9			24			9			24		
10			25			10			25		
11			26			11			26		
12			27			12			27		
13			28			13			28		
14			29			14			29		
15			30			15			30		

**Part C**

General Knowledge

Part C1 – Test No.:			Part C2 – Test No.:			Part C3 – Test No.:			Part C4 – Test No.:		
NDT Method:			NDT Method:			NDT Method:			NDT Method:		
Question Ser. No.	Question No.	Answer No.	Question Ser. No.	Question No.	Answer No.	Question Ser. No.	Question No.	Answer No.	Question Ser. No.	Question No.	Answer No.
1			1			1			1		
2			2			2			2		
3			3			3			3		
4			4			4			4		
5			5			5			5		
6			6			6			6		
7			7			7			7		
8			8			8			8		
9			9			9			9		
10			10			10			10		
11			11			11			11		
12			12			12			12		
13			13			13			13		
14			14			14			14		
15			15			15			15		

\_\_\_\_\_ candidate's signature

Grading of Part A	Grading of Part B	Grading of Part C
Number of Questions:	Number of Questions:	Number of Questions:
Number of Correct Answers:	Number of Correct Answers:	Number of Correct Answers:
Number of Corr. Answ. in %:	Number of Corr. Answ. in %:	Number of Corr. Answ. in %:
*)Passed/Failed	*)Passed/Failed	*)Passed/Failed

**Examiners:**

\_\_\_\_\_ title,name, surname

\_\_\_\_\_ date

\_\_\_\_\_ signature

\_\_\_\_\_ title,name, surname

\_\_\_\_\_ date

\_\_\_\_\_ signature



## APPLICATION FOR PERSONAL CERTIFICATION

- approval of NDT personnel to perform the non-destructive testing  
of permanent joints of Pressure Equipment

### 1. Personal data

Surname \_\_\_\_\_ Name \_\_\_\_\_ Degree \_\_\_\_\_  
Date and place of birth \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_ Phone \_\_\_\_\_

### 2. Work data

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Post code \_\_\_\_\_  
Workplace/division \_\_\_\_\_  
Position \_\_\_\_\_ Phone \_\_\_\_\_ Fax. \_\_\_\_\_  
E-mail \_\_\_\_\_

3. I apply for the certification – approval in sense of SR Government Regulation no. 576/2002  
Collection of Laws of Annex I, Section 3.1.3 or Directive 97/23/EC

<b><i>NDT method</i></b>	<b><i>Qualification degree</i></b>	<b><i>Certificate no. issued according to the STN EN 473 Standard, or the ISO 9712 Standard</i></b>

#### 4. Declaration

I agree with storing my personal data in CB database for certification in welding and NDT personnel and in appropriate CB documentation related to certification personnel, according to §7 Act No. 428/2002, Coll. I provide this permission in connection with the certification process, I give it to the period of validity of my certification, including 10 years period after validity expiration. I agree with publishing my personal data in the CB information. I undertake to comply with the requirements of the certification system and professional and ethical rules for NDT personnel while I'm a holder of the certificate, I understand that the CB has to check the requirements observance and the certificate may be withdrawn in case the requirements and rules are broken. The CB is not responsible for any damage that may be caused by my performance as a certified person.

\_\_\_\_\_

place and date

\_\_\_\_\_

applicant's signature

#### **Assessing the fulfilment of certification criteria and decision on issuing the certificate.**

The applicant for certification <sup>\*)</sup>is/is not a holder of the relevant NDT certification document in sense of STN EN 473 or ISO 9712. He/she <sup>\*)</sup>meets/does not meet the certification criteria therefore I recommend <sup>\*)</sup>to satisfy/not to satisfy the application for certification.

\_\_\_\_\_

date

\_\_\_\_\_

certification staff

Following the uppermentioned recommendation and submitted documentation the Head of CB decides on <sup>\*)</sup>issuing/unissuing the certificate of performance of the NDT permanent joints in sense of the PED clauses.

\_\_\_\_\_

date

\_\_\_\_\_

Head of Certification Body  
for Welding and NDT Personnel Certification

#### 5. Fee for certification *(to be completed by CB)*

fee sum (without VAT): \_\_\_\_\_ EUR settlement day: \_\_\_\_\_ Invoice No. \_\_\_\_\_

<sup>\*)</sup>Delete what is inappropriate!



**APPLICATION FOR MAIN METHOD EXAMINATION  
and  
PERSONAL CERTIFICATION FOR LEVEL 3 IN NDT**

according to the \*)EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

**1. Personal data**

Surname \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_  
Attained education/school name and address \_\_\_\_\_  
Date and place of birth \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_ Phone \_\_\_\_\_

**2. Work data**

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Post code \_\_\_\_\_  
Workplace/division \_\_\_\_\_  
Position \_\_\_\_\_ Phone \_\_\_\_\_ Fax. \_\_\_\_\_  
E-mail \_\_\_\_\_

**3. Data on the required certification and certificate in related method**

<i>Required certification</i>		<i>NDT Certificate (the highest level) attained in related method</i>			
<b>Method</b>	<b>**)Industrial Sector</b>	<b>Level</b>	<b>**)Industrial Sector</b>	<b>Certificate No.</b>	<b>Issued (date)</b>

\*\*)Numerical codes of industrial sectors, for which the examination is required:

**1** - castings; **2** - forgings; **3** - welded products; **4** - tubes and pipes, including flat strips for manufacture of welded pipes; **5** - wrought products; **6** - manufacture and processing of metals (includes 1, 2, 3, 4 and 5); **7** - production equipment and industrial production (includes 3, 4 and 5); **8** - pre- and in-service inspection of equipment, industrial units and structures (includes 1, 2, 3, 4 and 5); **9** - automotive transport (includes 1, 2, 3, 4 and 5); **10** - railroad transport (includes 1, 2, 3, 4 and 5); **11** - aviation and cosmonautics (includes 1, 2, 3, 4 and 5);

Note - each sector from 6-11 includes basic product sectors 1, 2, 3, 4 and 5;

**4. Data on qualification training in related method – trainings, conferences, seminars**

<i>Qualification training - specification</i>	<b>Date</b>	<b>Organized by</b>
1.		
2.		
3.		
4.		

**5. Data on passed exam (to be completed by CB)**

<b>Method, Level, Industrial Sector</b>	<b>Date of exam</b>	<b>Evaluation</b>	<b>Place of exam</b>

## 6. Data on the duration of the industrial experience

Method	<i>Industrial Sector</i>	Industrial Experience	
		in months	duration ( <i>since - to</i> )

## 7. Employer's confirmation of the given data

In \_\_\_\_\_ on \_\_\_\_\_  
stamp, name, position and signature of the employer

## 8. Applicant's declaration

I hereby declare, that I agree to keep the certification requirements, and I agree also with administration of every information necessary in connection with qualification examination and personnel certification. I agree with storing and executing my personal data in the database and in the appropriate documentation of CB for personnel in accordance with § 7 of the Act No. 428/2002, Coll., and also with their publishing in the CB information.

In \_\_\_\_\_ on \_\_\_\_\_  
applicant's signature

## 9. Annexes

- 2 photos in size 3.5 x 3 cm (h x w),
- confirmation on taken training,
- copy of document about attained education (if it has been sent to CB, then only in case of changes),
- NDT certificate of the highest level, attained in related method,
- confirmation on sufficient sight capability – CB form - T55-COP; the confirmation is valid for all NDT methods during 1 year since its issue,
- information on the candidate's activity –CB form - T54-COP,

## 10. Application review of the application according to the EN ISO/IEC 17024 Standard, section 6.2.1 (to be completed by CB)

Receive date of the application:

CB <sup>\*)</sup>is/is not competent to administration the requested service.

Applicant <sup>\*)</sup>meets/does not meet the criteria in a sense of the appropriate certification scheme.

Date \_\_\_\_\_ reviewed by \_\_\_\_\_  
certification staff

## 11. Fee (to be completed by CB)

### Fee for the exam (without VAT)

fee sum: \_\_\_\_\_ EUR settlement day: \_\_\_\_\_ Invoice No.: \_\_\_\_\_

### Fee for the certification (without VAT)

fee sum: \_\_\_\_\_ EUR settlement day: \_\_\_\_\_ Invoice No.: \_\_\_\_\_

<sup>\*)</sup>Delete what is inappropriate



## Test sheet – Main Method Examination for Level 3 in NDT; Part D, E, F

NDT Method: \_\_\_\_\_ Industrial Sector: \_\_\_\_\_

Place of Examination: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Candidate: \_\_\_\_\_ Date and place of birth: \_\_\_\_\_  
title, name, surname

Part D – Test No.:						Part E – Test No.:					
<i>Level 3 knowledge relating to the test method applied</i>						<i>Application of the NDT method in the industrial sector</i>					
Question Ser. No.	Question No.	Answer No.	Question Ser. No.	Question No.	Answer No.	Question Ser. No.	Question No.	Answer No.	Question Ser. No.	Question No.	Answer No.
1			16			1			16		
2			17			2			17		
3			18			3			18		
4			19			4			19		
5			20			5			20		
6			21			6			21		
7			22			7			22		
8			23			8			23		
9			24			9			24		
10			25			10			25		
11			26			11			26		
12			27			12			27		
13			28			13			28		
14			29			14			29		
15			30			15			30		

**Part F**

Drafting of one or more NDT procedures

Number of Annexes:

\_\_\_\_\_  
candidate's signature

<b>Grading of Part D</b>	<b>Grading of Part E</b>	<b>Grading of Part F</b>
Number of Questions:	Number of Questions:	
Number of Correct Answers:	Number of Correct Answers:	
Number of Correct Answers in %:	Number of Correct Answers in %:	Grading in %:
*)Passed/Failed	*)Passed/Failed	*)Passed/Failed

**Examiners:**

\_\_\_\_\_  
title, name, surname

\_\_\_\_\_  
date

\_\_\_\_\_  
signature

\_\_\_\_\_  
title, name, surname

\_\_\_\_\_  
date

\_\_\_\_\_  
signature



## **APPLICATION FOR ISSUING THE <sup>\*)</sup>DUPLICATE/NEW EVIDENCE OF NDT QUALIFICATION**

according to the <sup>\*)</sup>EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

### **1. Personal data**

Surname \_\_\_\_\_ Name \_\_\_\_\_ Degree \_\_\_\_\_  
Date and place of birth \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_ Phone \_\_\_\_\_

### **2. Work data**

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Post code \_\_\_\_\_  
Workplace/division \_\_\_\_\_  
Position \_\_\_\_\_ Phone \_\_\_\_\_ Fax. \_\_\_\_\_  
E-mail \_\_\_\_\_

### **3. Reasoning the application for issuing the**

**<sup>\*)</sup>duplicate certificate; <sup>\*)</sup>duplicate certification card; <sup>\*)</sup>new certificate; <sup>\*)</sup>new certification card**  
(loss; theft; impairing; changed employer; changed name; others)

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#### 4. Data on <sup>\*)</sup>certificate/certification card

_____	Certificate No.:	Certification card No.:
NDT method and degree		

#### 5. Declaration of applicant's employer

In \_\_\_\_\_ on \_\_\_\_\_  
place date Stamp, name, position and signature of employer

#### 6. Applicant's declaration

I declare hereby, that I agree to keep the certification requirements, and I agree also with administration of every information necessary in connection with issuing the duplicate/new evidence of NDT qualification. I agree with storing and executing my personal data in the database and in the appropriate documentation of CB for personnel in accordance with § 7 of the Act No. 428/2002 of the Statute roll, and also with their publishing in the CB information.

In \_\_\_\_\_ on \_\_\_\_\_  
place date applicant's signature

#### 7. Enclosures

- photo in size 3,5 x 3 cm - only in case of issuing the certification card
- corresponding evidence of NDT qualification
- document confirming the reported loss or theft of certificate/certification card

#### 8. Application review of the application according to the standard STN EN ISO/IEC 17024, section 6.2.1 (to be completed by CB)

Receive date of the application:

CB <sup>\*)</sup>is/is not competent to administration the requested service.

Applicant <sup>\*)</sup>meets/does not meet the criteria in a sense of the appropriate certification scheme.

On \_\_\_\_\_ reviewed by \_\_\_\_\_  
date certification officer

#### 9. Fee (to be completed by CB)

fee sum (without VAT): \_\_\_\_\_ EUR settlement day: \_\_\_\_\_ Invoice No. \_\_\_\_\_



## INFORMATION ON ACTIVITY OF CANDIDATE FOR NDT CERTIFICATION DURING ATTAINING THE REQUIRED EXPERIENCE

according to the \*)EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

**A. Certification candidate:** \_\_\_\_\_  
title, name, surname

Date and place of birth: \_\_\_\_\_

**B. Employer:** \_\_\_\_\_  
name, address

**C. Test method and qualification degree, for which the certification is required:** \_\_\_\_\_

**D. Survey of activities in the method, for which the certification is required:**

*1. Complete table only in case if experience was attained by the employer- table completed by an authorised representative of employer:*

Experience attained in term: _____ date (from - to)
Practice performed under supervision of: _____ name, surname, certification - method and degree, No. of certification card
Characterising the works at which the candidate attained the skills and knowledge required for the certification: (types of tested products or parts; used equipment and NDT means; evaluation; work done by instructions; elaboration of instruction according to procedure)

\*)Delete what is inappropriate!

2. *The following table and data complete only in case if experience was not attained by the employer- table completed by an authorised representative of organisation/subject where the experience was attained:*

Organisation/subject: \_\_\_\_\_ Phone: \_\_\_\_\_  
name, address

Practice performed in period: _____ date (from - to)
Practice performed under the supervision of: _____ name, surname, certification – method and degree, No. of certification card
Characterising the works at which the candidate attained the skills and knowledge required for the certification: (types of tested products or parts; used equipment and NDT means; evaluation; work done by instructions; elaboration of instruction according to procedure)

I hereby verify the truthfulness of data given in part D point 2.

In \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
name and work position of the authorised representative of external organisation

\_\_\_\_\_  
stamp and signature

**E. Participation in educational actions (trainings, seminars) and conferences.**

(name of action, term/scope of venue; participation as a listener; participation as a lecturer – name and extend of the lecture; participation as an examiner)

We hereby confirm, that the data given in parts A to C, in part D point 1 and in part E are true.

In \_\_\_\_\_ on \_\_\_\_\_  
signature of certification candidate stamp, name, post and signature of employer's representative



**APPLICATION FOR QUALIFICATION EXAMINATION  
and  
PERSONAL CERTIFICATION IN NDT**

according to the \*)EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

**1. Personal data**

Surname \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_  
Attained education/school name \_\_\_\_\_  
Date and place of birth \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_ Phone \_\_\_\_\_

**2. Work data**

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Post code \_\_\_\_\_  
Workplace/division \_\_\_\_\_  
Position \_\_\_\_\_ Phone \_\_\_\_\_ Fax. \_\_\_\_\_  
E-mail \_\_\_\_\_

**3. Training data**

Courses attended for the required certification

<b>Method - qualification degree</b>	<b>Training date</b>	<b>Indust. branch**)</b>	<b>Training centre</b>

\*\*\*) Give the numerical code of industrial branch for which the qualification preparation of course was oriented

**1** - castings; **2** - forgings; **3** - welded products; **4** - tubes and pipes, including flat strips for manufacture of welded pipes; **5** - wrought products; **6** - manufacture and processing of metals (includes 1, 2, 3, 4 and 5); **7** - production equipment and industrial production (includes 3, 4 and 5); **8** - pre-production and production inspection of equipment, industrial units and structures (includes 1, 2, 3, 4 and 5); **9** - automotive transport (includes 1, 2, 3, 4 and 5); **10** - railroad transport (includes 1, 2, 3, 4 and 5); **11** - aviation and cosmonautics (includes 1, 2, 3, 4 and 5);

**4. Data on passed exams (to be completed by CB)**

Qualification exams passed for the required certification

<b>Method - qualification degree - industrial branch</b>	<b>Date of exam</b>	<b>Evaluation</b>	<b>Place of examination</b>

## 5. Data on duration of professional experience in NDT field for which the certification is required

Number of months of professional experience in the appropriate NDT method to the date of qualification exam

NDT methods	prior to degree 1 (2)	in degree 1	in degree 2	in degree 3
*) radiographic testing – RT, RT-TP				
*) ultrasonic testing – UT, UT-T, UT-TP				
magnetic particle testing – MT				
eddy current testing – ET				
penetrant testing – PT				
leak testing – LT				
*) visual testing – VT, VT-TP				

## 6. Employer's confirmation of the given data

In \_\_\_\_\_ on \_\_\_\_\_  
place date Stamp and signature of employer

## 7. Applicant's declaration

I hereby declare, that I agree to keep the certification requirements, and I agree also with administration of every information necessary in connection with certification. I agree with storing and executing my personal data in the database and in the appropriate documentation of CB for personnel in accordance with § 7 of the Act No. 428/2002 Coll., and also with their publishing in the CB information.

In \_\_\_\_\_ on \_\_\_\_\_  
place date applicant's signature

## 8. Enclosures

- 2 photos in size 3,5 x 3 cm (h x w),
- confirmation on attended training,
- a copy of document on attained education (if provided to CB only the case of changes),
- confirmation on sufficient sight capability – form T55-COP; is valid for all NDT methods during 1 year since the date of issue,
- information on candidate's activity in certification – form T54-COP,
- agreement on informational cooperation between the CB at VÚZ – PI SR and the certificate holder – form T52-COP.

## 9. Application review of the application according to the STN EN ISO/IEC 17024 Standard, section 6.2.1

(to be completed by CB)

Receive date of the application:

CB \*)is/is not competent to administration the requested service.

Applicant \*)meets/does not meet the criteria in a sense of the appropriate certification scheme.

On \_\_\_\_\_ reviewed by \_\_\_\_\_  
date certification officer

## 10. Fee (to be completed by CB)

### Examination fee (without VAT)

fee sum: \_\_\_\_\_ EUR settlement day: \_\_\_\_\_ Invoice No.: \_\_\_\_\_

### Certification fee (without VAT)

fee sum: \_\_\_\_\_ EUR settlement day: \_\_\_\_\_ Invoice No.: \_\_\_\_\_



## APPLICATION FOR BASIC EXAMINATION

for

### PERSONAL CERTIFICATION FOR LEVEL 3 IN NDT

according to the \*)EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

#### 1. Personal data

Surname \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Attained education/school name \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_ Phone \_\_\_\_\_

#### 2. Work data

Employer \_\_\_\_\_

Address \_\_\_\_\_ Post code \_\_\_\_\_

Workplace /division \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_ Fax. \_\_\_\_\_

E-mail \_\_\_\_\_

#### 3. NDT Methods selected for Basic Examination

RT  UT  MT  PT  VT  LT  ET

Tick 4 NDT Methods, 1 Volume NDT Method included

#### 4. Employer's confirmation of the given data

In \_\_\_\_\_ on \_\_\_\_\_

stamp, name, position and signature of employer

#### 5. Data on passed exam (to be completed by CB)

<i>Type of exam</i>	<b>Date of exam</b>	<b>Evaluation</b>	<b>Place of exam</b>
<i>Basic Examination</i>			

## 6. Applicant's declaration

I hereby declare, that I agree to keep the certification requirements, and I agree also with administration of every information necessary in connection with qualification examination and personnel certification. I agree with storing and executing my personal data in the database and in the appropriate documentation of CB for personnel in accordance with § 7 of the Act No. 428/2002, Coll., and also with their publishing in the CB information.

In \_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_ applicant's signature

## 7. Annexes

- copy of document about attained education (if it has been sent to CB, then only in case of changes),
- confirmation on sufficient sight capability – CB form - T55-COP; the confirmation is valid for all NDT methods during 1 year since its issue,
- agreement on informational cooperation between CB at VÚZ – PI SR and certificate holder – CB form - T52-COP

## 8. Application review of the application according to the EN ISO/IEC 17024 Standard, section 6.2.1 (to be completed by CB)

Receive date of the application:

CB \*)is/is not competent to administration the requested service.

Applicant \*)meets/does not meet the criteria in a sense of the appropriate certification scheme.

Date \_\_\_\_\_ reviewed by \_\_\_\_\_  
certification staff

## 9. Fee for examination (to be completed by CB)

fee sum (without VAT): \_\_\_\_\_ EUR settlement day: \_\_\_\_\_ Invoice No.: \_\_\_\_\_



TEST RECORD

**OF MAIN METHOD EXAMINATION FOR LEVEL 3  
IN NON-DESTRUCTIVE TESTING**

according to the <sup>\*)</sup>EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

Test Record No. COP NDT - \_\_\_\_\_

NDT Method \_\_\_\_\_ Industrial Sector \_\_\_\_\_

Place of Examination \_\_\_\_\_ Date \_\_\_\_\_

Examination \_\_\_\_\_

Surname \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Home address \_\_\_\_\_ Post code \_\_\_\_\_

Attained education/school name \_\_\_\_\_

Employer/address \_\_\_\_\_ Post code \_\_\_\_\_

Training attained in training centre \_\_\_\_\_

\_\_\_\_\_ on days \_\_\_\_\_

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**Part D Written test – Level 3 knowledge relating to the test method applied**

Grading of examination in %:                   <sup>\*)</sup>Passed the exam                   <sup>\*)</sup>Failed the exam

*In order to pass the exam, the candidate shall obtain a minimum grade of 70 %.*

---

**Part E Written test – Application of the NDT method in the industrial sector**

Grading of examination in %:                   <sup>\*)</sup>Passed the exam                   <sup>\*)</sup>Failed the exam

*In order to pass the exam, the candidate shall obtain a minimum grade of 70 %.*

---

**Part F Drafting of one or more NDT procedures**

Grading of examination in %:                   <sup>\*)</sup>Passed the exam                   <sup>\*)</sup>Failed the exam

*In order to pass the exam, the candidate shall obtain a minimum grade of 70 %.*

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**Practical Examination – Check of test specimen**

Task no.:	Grading in %:
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
Average grading: _____	

**Grading of examination:**

**<sup>\*)</sup>Passed the exam**

**<sup>\*)</sup>Failed the exam**

*In order to pass the exam:*

- *the candidate shall obtain a minimum grade of 70 % for each specimen tested.*

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**TOTAL GRADING OF EXAMINATION:  
M**

**<sup>\*)</sup>PASSED THE EXAM**

**<sup>\*)</sup>FAILED THE EXAM**

*In order to pass the exam, the candidate shall pass the each Part of Examination a the Practical Examination.*

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Examiner: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

**Examiner – Leading Examiner:** \_\_\_\_\_

Annexes:

- original test sheets



TEST RECORD

**OF BASIC EXAMINATION FOR LEVEL 3  
IN NON-DESTRUCTIVE TESTING**

according to the \*)EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

Test Record No. COP NDT - \_\_\_\_\_

Place of Examination \_\_\_\_\_ Date \_\_\_\_\_

Examination \_\_\_\_\_

Surname \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Home address \_\_\_\_\_ Post code \_\_\_\_\_

Attained education/school name \_\_\_\_\_

Employer/address \_\_\_\_\_ Post code \_\_\_\_\_

Training attained in training centre \_\_\_\_\_

\_\_\_\_\_ on days \_\_\_\_\_

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**Part A Written test – Technical Knowledge in Materials Science and Process Technology**

Grading of examination in %: \*)Passed the exam \*)Failed the exam

*In order to pass the exam, the candidate shall obtain a minimum grade of 70 %.*

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**Part B Written test – Qualification and Certification System according to the EN 473 Standard**

Grading of examination in %: \*)Passed the exam \*)Failed the exam

*In order to pass the exam, the candidate shall obtain a minimum grade of 70 %.*

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**Part C Written test – General Knowledge**

Grading of examination in %: \*)Passed the exam \*)Failed the exam

*In order to pass the exam, the candidate shall obtain a minimum grade of 70 %.*

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**TOTAL GRADING OF EXAMINATION:   \*) PASSED THE EXAM   \*) FAILED THE EXAM**

*In order to pass the exam, the candidate shall pass the each Part of Examination.*

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Examiner: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

**Examiner – Leading Examiner:** \_\_\_\_\_

Annexes:

- original test sheets



## APPLICATION FOR REQUALIFICATION AND RECERTIFICATION

according to the \*)EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

\*\*)RO  \*\*)RS

### 1. Personal data

Surname \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_  
Attained education/school name \_\_\_\_\_  
Date and place of birth \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_ Phone \_\_\_\_\_

### 2. Work data

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Post code \_\_\_\_\_  
Workplace/division \_\_\_\_\_  
Position \_\_\_\_\_ Phone \_\_\_\_\_ Fax. \_\_\_\_\_  
E-mail \_\_\_\_\_

### 3. Data on the certification, related with the requalification

<i><b>NDT method - qualification level</b></i>	***)Sector	No. of certificate/certification card	Issued by

### 4. Data on the required certification

<i><b>NDT Method - qualification level</b></i>	***)Sector

### 5. Employer's confirmation of the given data

In \_\_\_\_\_ on \_\_\_\_\_  
stamp, name, position and signature of employer

### 6. Data on passed exam (to be completed by CB)

Method – qualification level - sector	Date of exam	Evaluation	Place of exam

\*\*)RO – the applicant is certified by CB at VÚZ – PI SR

\*\*)RS – the applicant is certified by another CB, he/she is entering the system managed by CB at VÚZ – PI SR

\*\*\*))Numerical codes of industrial sectors

1 - castings; 2 - forgings; 3 – welded products; 4 – tubes and pipes, including flat strips for manufacture of welded pipes; 5 – wrought products; 6 – manufacture and processing of metals (includes 1, 2, 3, 4 and 5); 7 – production equipment and industrial production (includes 3, 4 and 5); 8 – pre- and in-service inspection of equipment, industrial units and structures (includes 1, 2, 3, 4 and 5); 9 – automotive transport (includes 1, 2, 3, 4 and 5); 10 – railroad transport (includes 1, 2, 3, 4 and 5); 11 – aviation and cosmonautics (includes 1, 2, 3, 4 and 5);

## 7. Issuing of the new certification card

yes  no

*Tick what is appropriate!*

## 8. Applicant's declaration

I hereby declare, that I agree to keep the certification requirements, and I agree also with administration of every information necessary in connection with recertification. I agree with storing and executing my personal data in the database and in the appropriate documentation of CB for personnel in accordance with § 7 of the Act No. 428/2002, Coll., and also with their publishing in the CB information.

In \_\_\_\_\_ on \_\_\_\_\_  
applicant's signature

## 9. Annexes

RO – the applicant is certified by CB at VÚZ – PI SR:

- confirmation on sufficient sight capability - CB form – T55-COP
- information on activity of the applicant seeking recertification - CB form – T103-COP
- copy of document about attained education (only in case of change)
- in case of interest for a new certification card supply a photo in size 3,5 x 3 cm (h x w) and present certification card

RS – the applicant is certified by another CB, he/she is entering the system managed by CB at VÚZ – PI SR:

- copy of document about attained education
- notarially approved copy of certificate, or submit the original – copy will be approved by CB
- confirmation on sufficient sight capability - CB form – T55-COP
- 2 photos in size 3.5 x 3 cm (h x w)
- information on activity of the applicant - CB form – T103-COP
- agreement on informational cooperation between the CB at VÚZ – PI SR and certificate holder - CB form – T52-COP
- statutory declaration

## 10. Application review of the application according to the EN ISO/IEC 17024 Standard, section 6.2.1 (to be completed by CB)

Receive date of the application:

CB <sup>\*)</sup>is/is not competent to administration the requested service.

Applicant <sup>\*)</sup>meets /does not meet the criteria in a sense of the appropriate certification scheme.

Date \_\_\_\_\_ reviewed by \_\_\_\_\_  
certification staff

## 11. Fee (to be completed by CB)

fee sum (without VAT) \_\_\_\_\_ EUR settlement day \_\_\_\_\_ Invoice No.: \_\_\_\_\_



TEST RECORD

**OF RECERTIFICATION EXAMINATION FOR LEVEL 3  
IN NON-DESTRUCTIVE TESTING**

according to the \*)EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

Test Record No. COP NDT - \_\_\_\_\_

NDT Method \_\_\_\_\_ Industrial Sector \_\_\_\_\_

Place of Examination \_\_\_\_\_ Date \_\_\_\_\_

Examination \_\_\_\_\_

Surname \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Home address \_\_\_\_\_ Post code \_\_\_\_\_

Attained education/school name \_\_\_\_\_

Employer/address \_\_\_\_\_ Post code \_\_\_\_\_

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Written test

**Grading of examination in %:**

\*)Passed the exam

\*)Failed the exam

*In order to pass the exam, the candidate shall obtain a minimum grade of 70 %.*

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Examiner: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

**Examiner – Leading Examiner:** \_\_\_\_\_

Annexes:

- original test sheets



**INFORMATION ON ACTIVITY OF APPLICANT  
FOR \*)RECERTIFICATION/REQUALIFICATION  
DURING HIS/HER ACTIVITY IN NDT**

according to the \*)EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

**A. Applicant:**

\_\_\_\_\_ title, name, surname

Date and place of birth: \_\_\_\_\_

**B. Recertification - test method, qualification degree and branch:** \_\_\_\_\_

Practise in months during the last period of the certification validity: \_\_\_\_\_

**Characterization of the work – survey of applicant activities:**

(types of tested products or parts and NDT equipment and means, which were used; test results evaluation; working according to the instructions; preparation of NDT instructions according to the procedures; preparation of NDT procedures)

**C. Requalification – test method, qualification degree:** \_\_\_\_\_

Practise in months during the last period of the certification validity: \_\_\_\_\_ in branch: \*\*) \_\_\_\_\_

Practise in months: \_\_\_\_\_ in new branch \*\*) , which is sought: \_\_\_\_\_

**Characterization of the work – survey of applicant activities:**

(types of tested products or parts and NDT equipment and means, which was used; test results evaluation; working according to the instructions; preparation of NDT instructions according to the procedures; preparation of NDT procedures)

\_\_\_\_\_  
Employer's confirmation

**D. I hereby honestly declare that the given data are correct.**

In \_\_\_\_\_ on \_\_\_\_\_  
place date

\_\_\_\_\_  
applicant's signature

\*\*)Numerical codes of industrial branches:

**1** - castings; **2** - forgings; **3** – welded products; **4** – tubes and pipes, including flat strips for manufacture of welded pipes; **5** – wrought products; **6** – manufacture and processing of metals (includes 1, 2, 3, 4 and 5); **7** – production equipment and industrial production (includes 3, 4 and 5); **8** – pre- and in-service inspection of equipment, industrial units and structures (includes 1, 2, 3, 4 and 5); **9** – automotive transport (includes 1, 2, 3, 4 and 5); **10** – railroad transport (includes 1, 2, 3, 4 and 5); **11** – aviation and cosmonautics (includes 1, 2, 3, 4 and 5);



## APPLICATION FOR RECERTIFICATION

according to the \*)EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

\*\*)RO     \*\*)RS

### 1. Personal data

Surname \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_  
Attained education/school name \_\_\_\_\_  
Date and place of birth \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_ Phone \_\_\_\_\_

### 2. Work data

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Post code \_\_\_\_\_  
Workplace/division \_\_\_\_\_  
Position \_\_\_\_\_ Phone \_\_\_\_\_ Fax. \_\_\_\_\_  
E-mail \_\_\_\_\_

### 3. Data on the certification

<b><i>NDT method – qualific. level</i></b>	<b>***)Sector</b>	<b>No. of certificate/certification card</b>	<b>Issued by</b>

### 4. Employer's confirmation of the given data

In \_\_\_\_\_ on \_\_\_\_\_  
place date Stamp and signature of employer

### 5. Data on passed recertification exam (to be completed by CB)

<b>Method – qualif. level - sector</b>	<b>Date of exam</b>	<b>Evaluation</b>	<b>Place of exam</b>

\*\*)RO – the applicant is certified by CB at VÚZ – PI SR

\*\*)RS – the applicant is certified by another CB, he/she is entering the system managed by CB at VÚZ – PI SR

\*\*\*Numerical codes of industrial sectors

**1** - castings; **2** - forgings; **3** – welded products; **4** – tubes and pipes, including flat strips for manufacture of welded pipes; **5** – wrought products; **6** – manufacture and processing of metals (includes 1, 2, 3, 4 and 5); **7** – production equipment and industrial production (includes 3, 4 and 5); **8** – pre- and in-service inspection of equipment, industrial units and structures (includes 1, 2, 3, 4 and 5); **9** – automotive transport (includes 1, 2, 3, 4 and 5); **10** – railroad transport (includes 1, 2, 3, 4 and 5); **11** – aviation and cosmonautics (includes 1, 2, 3, 4 and 5);

## 6. Issuing of the new certification card

yes  no

*Tick what is appropriate!*

## 7. Applicant's declaration

I hereby declare, that I agree to keep the certification requirements, and I agree also with administration of every information necessary in connection with recertification. I agree with storing and executing my personal data in the database and in the appropriate documentation of CB for personnel in accordance with § 7 of the Act No. 428/2002, Coll., and also with their publishing in the CB information.

In \_\_\_\_\_ on \_\_\_\_\_  
place date applicant's signature

## 8. Annexes

### **RO –the applicant is certified by CB at VÚZ – PI SR:**

- confirmation on sufficient sight capability - CB form – T55-COP
- information on activity of the applicant seeking recertification - CB form – T103-COP
- copy of document about attained education (only in case of change)
- in case of interest for a new certification card supply a photo in size 3,5 x 3 cm (h x w) and present certification card

### **RS – the applicant is certified by another CB, he/she is entering the system managed by CB at VÚZ – PI SR:**

- copy of document about attained education (only in case of change)
- notarially approved copy of certificate/certification card, or submit the original – copy will be approved by CB
- confirmation on sufficient sight capability - CB form – T55-COP
- in case of interest for a new certification card supply a photo in size 3.5 x 3 cm (h x w) and present certification card
- information on activity of the applicant seeking recertification - CB form – T103-COP
- agreement on informational cooperation between the CB at VÚZ – PI SR and certificate holder - CB form – T52-COP
- statutory declaration

## 9. Application review of the application according to the EN ISO/IEC 17024 Standard, section 6.2.1

*(to be completed by CB)*

Receive date of the application:

CB \*)is/is not competent to administration the requested service.

Applicant \*)meets/does not meet the criteria in a sense of the appropriate certification scheme.

On \_\_\_\_\_ reviewed by \_\_\_\_\_  
date certification staff

## 10. Fee for recertification *(to be completed by CB)*

fee sum (without VAT): \_\_\_\_\_ EUR settlement day: \_\_\_\_\_ Invoice No. \_\_\_\_\_

\*)Delete what is inappropriate



## APPLICATION FOR PROLONGING THE VALIDITY OF PERSONAL CERTIFICATION IN NDT

according to the \*)EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

### 1. Personal data

Surname \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_  
Attained education/school name \_\_\_\_\_  
Date and place of birth \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_ Phone \_\_\_\_\_

### 2. Work data

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Post code \_\_\_\_\_  
Workplace/division \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Position \_\_\_\_\_ NDT Certification card No. \_\_\_\_\_  
/fill in, in case you are a holder/

### 3. Information on required prolongations of NDT certificate validity

In the table below please write the certificate number for the appropriate method and degree

NDT methods	Certificate No.		
	for degree 1	for degree 2	for degree 3
*) radiographic testing – RT, RT-TP			
*) ultrasonic testing – UT, UT-T, UT-TP			
magnetic particle testing – MT			
eddy current testing – ET			
penetrant testing – PT			
leak testing – LT			
*) visual testing – VT, VT-TP			

Note: In the application form for prolonging the validity of personal certification could be included the prolongations of certification validity in several methods on condition that the expiration date of these certifications is fallen under the 3 months period.

Type or fill in block letters!

#### 4. Information on the length of professional experience in non-destructive testing (to be completed by the employer)

The employer confirms that the certificate holder has worked during the validity period in that method for which he/she has the qualification and for which he/she is applying for prolonging the validity without any significant interruption /see the STN EN 473, section 3.27/.

Please write the number of month of professional experience in appropriate method, industrial sector and degree for the last certification validity period (for the first validity period please write the length of experience since the date of qualification examination).

NDT methods	Industrial sector	Professional experience in NDT method – in months		
		in degree 1	in degree 2	in degree 3
*) radiographic testing – RT, RT-TP				
*) ultrasonic testing – UT, UT-T, UT-TP				
magnetic particle testing – MT				
eddy current testing – ET				
penetrant testing – PT				
leak testing – LT				
*) visual testing – VT, VT-TP				

#### 5. Declaration of applicant's employer

In \_\_\_\_\_ on \_\_\_\_\_  
place date Stamp, name, position and signature of employer

#### 6. Issuing of the new certification card

yes  no

*Tick what is appropriate!*

#### 7. Applicant's declaration

I hereby declare, that I agree to keep the certification requirements, and I agree also with administration of every information necessary in connection with prolonging the validity of certification. I agree with storing and executing my personal data in the database and in the appropriate documentation of CB for personnel in accordance with the § 7 of the Act No. 428/2002, Coll., and also with their publishing in the CB information.

In \_\_\_\_\_ on \_\_\_\_\_  
place date applicant's signature

#### 8. Enclosures

- copy of document about attained education (only in case of change)
- confirmation on sufficient sight capability – form T55-COP
- in case of interest for a new certification card supply a photo in size 3.5 x 3 cm (h x w) and present certification card

#### 9. Application review of the application according to the STN EN ISO/IEC 17024 Standard, section 6.2.1 (to be completed by CB)

Receive date of the application:

CB \*)is/is not competent to administration the requested service.

Applicant \*)meets/does not meet the criteria in a sense of the appropriate certification scheme.

On \_\_\_\_\_ reviewed by \_\_\_\_\_  
date certification staff

#### 10. Fee for prolonging the validity (to be completed by CB)

fee sum (without VAT): \_\_\_\_\_ EUR settlement day: \_\_\_\_\_ Invoice No. \_\_\_\_\_



## INFORMATION ON ACTIVITY OF PERSON certified IN \*) NDT/KAO, PERFORMED IN THE YEAR .....

according to the \*) EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline, the S28-COP Guideline;  
the STN EN 15257 Standard and S30-COP Guideline

**A. Certified person:** \_\_\_\_\_  
surname, name, title date of birth

Home address, Post Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**B. Certification authorizations issued by CB, VÚZ – PI SR, valid in upper mentioned year:** \_\_\_\_\_

**C. Survey of activity of certified person:**

Employer (name of organisation, address)	Position of the certified person in the organisation	Period in the year ... (from – to)
<b>Certification authorizations</b>	Characterising the works – give separately for each field of certification authorization: (NDT – types of tested products or parts; used equipment and means; evaluation; work done by instructions; elaboration of instructions according to procedure, elaboration of procedures) (KAO – design of systems and theirs parts; testing and enquiring of electric quantities in cathodic protection zone; interference tests and analyses; material expertises; visual inspection in term of cathodic protection systems)	
	_____ confirmation of employer	

KAO – Cathodic protection

\*)Delete what is inappropriate!

**D. Participation in educational actions (trainings, seminars), conferences, examination of NDT personnel as examiner, work in professional and technical commission etc.**

(name of action, term/scope of venue; participation as a listener; participation as a lecturer – name and extend of the lecture; participation as an examiner, participation in the sessions of professional and technical commissions)

**E. Claims against my person from the part of employer or other organisations, companies and persons, regarding the field in which I am certified**

(give the reason of claim and describe the problem to which the claim concerns; indicate how the claim has been solved)

**F. Suggestions and comments regarding the NDT methods in which I am certified and the problems of certification**

**(specification of NDT problems not covered by the standards; need of new test procedures; need of purposeful trainings, seminars and NDT conferences; problems of NDT qualification and certification; comment on CB activity and suggestions for cooperation etc.)**

I hereby honestly declare that the given data are correct.

In \_\_\_\_\_ on \_\_\_\_\_  
signature of certified person

After the evaluation of fulfilment of certification requirements I confirm the continuing capability of the certified person in original qualification. The document will be placed into his/her personale file.

In Bratislava, \_\_\_\_\_  
CB certification staff



## AGREEMENT ON INFORMATIONAL COOPERATION

Participating partners:

**Welding Research Institute – Industrial Institute of SR, Certification Body for Welding and NDT  
Personnel Certification**

and

\_\_\_\_\_

title, name, surname;

\_\_\_\_\_

date and place of birth

\_\_\_\_\_

\*) certificate No.

Preamble:

In sense of STN EN ISO/IEC 17024 the Certification Body and certified person are obliged to keep a permanent contact, assuring for the Certification Body information on the utilisation of certificate by the specialist and for the certified person it provides a permanent supply of information regarding the changes and news in the fields related with the specialisation of certificate holder. The Certification Body assures the required contact through this agreement, which includes also the specification of needs and liabilities of both partners.

Within this agreement the

**Certification Body** is obliged:

- to publish and annually update the information about certified persons in Zváranie – Svařování journal and on the VÚZ – PI SR website,
  - to publish in Zváranie - Svařování journal all essential information regarding the personnel certification which the Certification Body will attain during the activity,
- to inform about the changes in regulations and standards related with utilisation of certification,
- to organise once per 3-year period the seminar aimed at changes, news and experience exchange in fields related with the certificate utilization,
  - to ask once per year the certificate holder for information, in form of a questionnaire, based on which the CB will update the data about his/her activity,
- to prolong the certificate validity for the holder of certificate, if he/she meets the valid certification requirements.

**certified person** is obliged:

- to follow the Code of Ethics which is given on the other side of this agreement and published on the VÚZ – PI SR website,
- \*\*) to undergo the vision capability examination annually in compliance with the STN EN 473 Standard, or the ISO 9712 Standard
- to submit annually to Certification Body the requested information on his activity,
- to announce to Certification Body immediately each change in home address or employer,
  - to open and maintain a personal book on claims and comments against his performance of function following from utilisation of certificate,
- to inform the Certification Body and the employer if the conditions for the certification validity are not fulfilled,
  - to stop to apply the certification rights regarding the appealing to the Certification Body or the certification status in case of certification suspension or cancellation; to give back all certificates issued by the Certification Body,
- to take part in specialised seminars organised for the certified specialists by the Certification Body,
- to make use of all knowledge and information attained from the Certification Body in the conditions of his workplace,
  - to agree with publishing the data on his certification in Zváranie-Svařování journal, eventually in other technical journals and on the VÚZ – PI SR website.

Final provisions:

In case the certificate holder during the certificate validity would interrupt the communication with Certification Body, the certificate will lost its validity and the Certification Body will publish this fact. Renewal of certificate validity is possible only on the basis of meeting the conditions set by the Certification Body.

In \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
certified person

\_\_\_\_\_  
Head of Certification Body  
for Welding and NDT Personnel Certification

\*) only applies to persons certified in welding and cathodic protection

\*\*) only applies to persons certified in NDT



# **CODE OF ETHICS**

## **of the person certified by the Certification Body for Welding and NDT Personnel**

This Code of Ethics stipulates the basic ethic principles of certified person in execution of the activity in the field of province for which he/she was certified by the CB at VÚZ – PI SR.

Basic rules of the Code of Ethics:

- 1) the certified person uses the certificate only in compliance with the field of granted certification, he/she does not use the certificate in a misleading way,
- 2) the certified person gives truthful, complex and technically funded information,
- 3) the certified person acts honestly and morally; he/she accepts such decisions which do not induce a possibility of discredit not only himself/herself and his/her employer but also CB,
- 4) the certified person acts impartially and independently in his/her field of activity and decisions,
- 5) the certified person acts in compliance with the valid Slovak legislation regulating respective activity, including respect of other related regulations and documents,
- 6) the certified person respects the confidentiality of information gained in the process of his/her activities,
- 7) the certified person informs the CB about any doubts which have arisen in connection to keeping of the ethical principles or which would give evidence about their violation.

The Code of Ethics cannot encompass all problems, which could appear during the activity of the certified person; therefore in critical situations he/she must be guided by his/her sound judgement.



TEST RECORD

**IN NON-DESTRUCTIVE TESTING**

according to the <sup>\*)</sup>EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

**Examination:**

qualification  requalification  recertification

Test Record No. COP NDT -

NDT Method \_\_\_\_\_ Level 2 Industrial Sector \_\_\_\_\_

Place of Examination \_\_\_\_\_ Date \_\_\_\_\_

Examination \_\_\_\_\_

Surname \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Home address \_\_\_\_\_ Post code \_\_\_\_\_

Attained education/school name \_\_\_\_\_

Employer/address \_\_\_\_\_ Post code \_\_\_\_\_

Training attained in training centre \_\_\_\_\_ on days \_\_\_\_\_

**PART A - Written Test of the General Examination**

Written test no.: \_\_\_\_\_ Number of questions: \_\_\_\_\_

Number of correct answers: \_\_\_\_\_ Grading in %: \_\_\_\_\_

**Grading of Examination:**                      **\*)Passed the exam**                      **\*)Failed the exam**

*In order to pass the General Examination, the candidate shall obtain a minimum grade of 70 %.*

**PART B - Written Test of the Specific Examination**

Written test no.: \_\_\_\_\_ Number of questions: \_\_\_\_\_

Number of correct answers: \_\_\_\_\_ Grading in %: \_\_\_\_\_

**Grading of Examination:**                      **\*) Passed the exam**                      **\*) Failed the exam**

*In order to pass the Specific Examination, the candidate shall obtain a minimum grade of 70%.*

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**PART C - Practical Examination**

Task No.:	Grading in %:
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
Average grading: _____	

**Grading of Examination:**

<sup>\*)</sup> Passed the exam

<sup>\*)</sup> Failed the exam

*In order to pass the Practical Examination:*

- the candidate shall obtain a minimum grade of 70% for each specimen tested,
  - the candidate shall obtain a minimum grade of 70% for NDT instruction.
- 
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**TOTAL GRADING OF EXAMINATION: <sup>\*)</sup>PASSED THE EXAM <sup>\*)</sup>FAILED THE EXAM**

*In order to pass the Examination, the candidate shall pass the each Part of Examination.*

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Examiner: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

**Examiner – Leading Examiner:** \_\_\_\_\_

Annexes:

- original test sheets
-



TEST RECORD

**IN NON-DESTRUCTIVE TESTING**

according to the <sup>\*)</sup>EN 473 Standard/ISO 9712 Standard, the S05-COP Guideline  
and the S28-COP Guideline

**Examination:**

qualification  requalification  recertification

Test Record No. COP NDT -

NDT Method \_\_\_\_\_ Level 1 Industrial Sector \_\_\_\_\_

Place of Examination \_\_\_\_\_ Date \_\_\_\_\_

Examination \_\_\_\_\_

Surname \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Home address \_\_\_\_\_ Post code \_\_\_\_\_

Attained education/school name \_\_\_\_\_

Employer/address \_\_\_\_\_ Post code \_\_\_\_\_

Training attained in training centre \_\_\_\_\_ on days \_\_\_\_\_

**PART A - Written Test of the General Examination**

Written test no.: \_\_\_\_\_ Number of questions: \_\_\_\_\_

Number of correct answers: \_\_\_\_\_ Grading in %: \_\_\_\_\_

**Grading of Examination:** <sup>\*)</sup>Passed the exam <sup>\*)</sup>Failed the exam

*In order to pass the General Examination, the candidate shall obtain a minimum grade of 70 %.*

**PART B - Written Test of the Specific Examination**

Written test no.: \_\_\_\_\_ Number of questions: \_\_\_\_\_

Number of correct answers: \_\_\_\_\_ Grading in %: \_\_\_\_\_

**Grading of Examination:** <sup>\*)</sup> Passed the exam <sup>\*)</sup> Failed the exam

*In order to pass the Specific Examination, the candidate shall obtain a minimum grade of 70%.*

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**PART C - Practical Examination**

Task No.:	Grading in %:
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
Average grading: _____	

**Grading of Examination:**                      \*) **Passed the exam**                      \*) **Failed the exam**

*In order to pass the Practical Examination, the candidate shall obtain a minimum grade of 70% for each specimen tested.*

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**TOTAL GRADING OF EXAMINATION:**    \*) **P A S S E D T H E E X A M**                      \*) **F A I L E D T H E E X A M**

*In order to pass the Examination, the candidate shall pass the each Part of Examination.*

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Examiner: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

**Examiner – Leading Examiner:** \_\_\_\_\_

Annexes:  
- original test sheets

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## **INSTRUCTIONS FOR EXECUTION OF EXAMS**

**Certification Body for Welding and NDT Personnel responsible for the examination leading to certification of personnel in welding, NDT and cathodic protection based on recommendations of relevant documents determines this procedure:**

1. The Board of Examiners is approved by the Chief Executive of CB. It must be guaranteed that the examiners have adequate qualification, they thoroughly know certification schemes and examination documentation, that they observe maximum objectivity in the exam execution and that in the relation to examined persons no conflict of interests can arise. The possibility of examining candidates by which the examiner participated in the education process as well as colleagues from one organisation is excluded.
2. The entry conditions of candidates for the exam finished by granting certificate are stipulated in CB Guidelines for particular qualification levels of personnel. The examiner is obliged to become acquainted in detail with the contents of respective guideline and related documentation prior to commencement of the exam.
3. The contents and level of examination questions recommended by CB are monitored by the Board of Examiners. Prior to the commencement of the exam the chairman of the Board of Examiners informs the members of the Board of Examiners about the selected set of examination questions, the place of exam and the determination of basic conditions for execution of exam.  
The fundamental pre-requisite is well equipped, silent, well illuminated room which assures the persons being examined adequate comfort.
4. The Board of Examiners is responsible for assurance of appropriate supervision in written exams which assures objective and undisturbed course.
5. Safety rules must be kept during the exam as well as after its termination so that unauthorised persons do not get to relevant documents about the exam and examined candidates.
6. Examiners are responsible for marking of results of exams of single candidates, the Board of Examiners evaluates the marked tests. In case that the results are inappropriately favourable or unfavourable, the Board of Examiners must adapt the tests.
7. The exams can be classified from the viewpoint of term after termination of single modules or at the end of the course. If the exams are carried out after termination of single modules, then the last module must be module 4 – Production, Engineering Applications.
8. CB must make the candidates acquainted with the results of exams not later than within eight weeks from the pursuance of exam, the certificate must be issued within twelve weeks on the prescribed original form of CB.
9. Prior to the exam the candidates must be made acquainted with entry conditions for exam, rules valid for its course and also possibilities of appeal against exam results.  
Three-member commission (at least two members who were not present at the exam) decides about the result of appeal.

**With my signature I confirm that I was made acquainted with these instructions and I will follow them in execution of exams.**

**Examiner, name:** .....

**Signature** .....

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The document will be filed in personal documentation of the examiner at the Head of Examiners

## CONFIRMATION ON VISION CAPABILITY EXAMINATION

This confirmation is issued as a document for the Certification Body for welding and NDT personnel at the Welding Research Institute - Industrial Institute of SR, for the purposes of personal certification

Name: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

The named person has attended the examination of vision capability from the viewpoint of his/her competence to perform the works in non-destructive testing.

### Results of examination

1. *Short vision* – reading the text from a distance not shorter than 30 cm

The examination has proved the \*)capability / \*)inability of person to read the Jäger's test No.1 (event. the text written by Times New Roman CE letters size. 4.5 point or the equivalent letters), by at least one eye \*)with correction / \*)without correction.

2. *Colour vision* – minimum the test of perceiving the red and green colour

Examination has proved the \*)capability / \*)inability of this person to distinguish the colours.

Issued by specialist - ophthalmologist: \_\_\_\_\_  
name, surname, title

On: \_\_\_\_\_  
stamp and surgeon's name

Form issued by CB for welding & NDT, Výskumný ústav zvaračský – PI SR, Račianska 71, 832 59 Bratislava 3, Slovakia

## CONFIRMATION ON VISION CAPABILITY EXAMINATION

This confirmation is issued as a document for the Certification Body for welding and NDT personnel at the Welding Research Institute - Industrial Institute of SR, for the purposes of personal certification

Name: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

The named person has attended the examination of vision capability from the viewpoint of his/her competence to perform the works in non-destructive testing.

### Results of examination

1. *Short vision* – reading the text from a distance not shorter than 30 cm

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2. *Colour vision* – minimum the test of perceiving the red and green colour

Examination has proved the \*)capability / \*)inability of this person to distinguish the colours.

Issued by specialist - ophthalmologist: \_\_\_\_\_  
name, surname, title

On: \_\_\_\_\_  
stamp and surgeon's name

Form issued by CB for welding & NDT, Výskumný ústav zvaračský – PI SR, Račianska 71, 832 59 Bratislava 3, Slovakia