

## **NDT Training Organization Self Assessment Letter**

### **Organization information**

Organisation name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Location : \_\_\_\_\_

\_\_\_\_\_

Contact responsible for compiling this information:

\_\_\_\_\_

Date of assessment: \_\_\_\_\_

### **General**

1. Does the NDT training supplied by your organization fulfil the requirements in EN-4179

Yes: ☐

No: ☐

2. Are you offering training in accordance with other standards than EN-4179

Yes: ☐

No: ☐

In case of yes, which standard(-s):

\_\_\_\_\_

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3. Do you provide other services than NDT training.

Yes: ☐

No: ☐

List any other services that are provided:

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4. Are you approved to provide NDT-training under EN-4179 by other NANDTB than the Norwegian?

Yes: ☐

No: ☐

List other NANDTB`s:

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5. Are you accredited in accordance with any safety and/or quality standards?

Yes: ☐

No: ☐

In case, which standards:

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6. Are you accredited in accordance with any safety and/or quality standards?

Yes: ☐

No: ☐

In case, which standards:

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7. NDT-methods/techniques covered by the training you offer, and approximately number of courses annually?

☐ UT: \_\_\_\_\_ courses/year      ☐ ET: \_\_\_\_\_ courses/year

☐ RT: \_\_\_\_\_ courses/year      ☐ MT: \_\_\_\_\_ courses/year

☐ PT: \_\_\_\_\_ courses/year

Approximate extent of the activities above based on EN4179? \_\_\_\_\_%

Other methods/techniques - specify

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8. What language is used in the classroom training and in the course books?

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## **NDT Training Organization Self Assessment Letter**

### **Quality system**

Yes:    No:

☐    ☐    Is a quality system established and documented for the training activity?

Date of issue: \_\_\_\_\_

Latest revision: \_\_\_\_\_

☐    ☐    Is a non-conformance system established?

☐    ☐    Is a system for internal audit of your NDT training activity established?

Date of latest internal audit of NDT activity: \_\_\_\_\_

☐    ☐    Has your NDT training activity been subjected to an external audit?

Performed by: \_\_\_\_\_

Date of latest external audit: \_\_\_\_\_

### **Facilities/Premises**

Any your training performed outside of your own premises must be specified regarding:

- the extent
- type of arrangement.

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Brief description of your premises and the size/space and functions are covered (classroom, workshop, NDT-laboratory etc.)

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Maximum number of students in one class (each method)?

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To which extent and in what way are computer-aided training utilized?

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## **NDT Training Organization Self Assessment Letter**

### **Training equipment**

Specification of the mostly (two) used NDT equipment, including the year (approx.) of manufacture.:

UT: \_\_\_\_\_

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RT: \_\_\_\_\_

\_\_\_\_\_

PT: \_\_\_\_\_

\_\_\_\_\_

ET: \_\_\_\_\_

\_\_\_\_\_

MT: \_\_\_\_\_

\_\_\_\_\_

## **NDT Training Organization Self Assessment Letter**

### **Personnel/Instructors**

Lead instructors specifications for each method name, aerospace NDT experience and other relevant qualifications per method:

**UT:** ☐ Name: \_\_\_\_\_

General aerospace experience:

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Aerospace NDT experience:

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Other qualifications:

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**RT:** ☐ Name: \_\_\_\_\_

General aerospace experience:

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Aerospace NDT experience:

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Other qualifications:

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**ET:** ☐ Name: \_\_\_\_\_

General aerospace experience:

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Aerospace NDT experience:

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Other qualifications:

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**PT:** ☐ Name: \_\_\_\_\_

General aerospace experience:

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Aerospace NDT experience:

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Other qualifications:

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**MT:** ☐ Name: \_\_\_\_\_

General aerospace experience:

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Aerospace NDT experience:

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Other qualifications:

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## **NDT Training Organization Self Assessment Letter**

### **Training syllabus/curriculum**

Yes:    No:

- ☒    ☒    Is a training syllabus established and available for review for each of the applicable NDT-methods?

### **Examination questions/objects**

Yes:    No:

- ☒    ☒    Are the questions and objects used for theoretical and practical examination relevant for aerospace NDT applications?

### **Administration**

Describe your routines for archiving of training records:

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For how long are training records kept on file: \_\_\_\_\_

Include an example of a typical training certificate.

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### **Miscellaneous**

Specify any other information regarding your training organization that could be of vital importance for the appraisal performed by SCANDT.

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Compiled by: \_\_\_\_\_

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