



NDT Work Site Advice Form

Please complete all applicable sections

Notification of certain types of NDT work sites is a NATA requirement. Work sites that require notification fall into two categories:

- i) Major construction work sites;
- ii) Routine work sites with expected duration greater than six months.

Further information, including the definition and notification threshold for each of these categories is defined in Appendix H of the *Non-destructive Testing ISO/IEC 17025 Application Document*.

Note: An NDT company which has been awarded a contract for testing on major construction is required to advise NATA, using this form, within five working days of notification of acceptance of tender. Endorsed reports for testing associated with major construction are not permitted to be issued without first notifying NATA, using this notification form.

WORK SITE/PROJECT NAME: _____

1. WORKSITE ELIGIBILITY

Classification as a work site is not applicable where there is either extensive local control over key testing activities, or where local arrangements result in a reduced ability for NATA to evaluate the effectiveness of technical control from assessments of the base facility alone. To make this initial determination, please complete questions 1.1, 1.2 and 1.3 below.

Note: If classification as a work site is not applicable, either Branch Site accreditation (as defined in Policy Circular 42) or independent accreditation is required in order to achieve NATA accreditation coverage for work carried out under the control of the site.

1.1. Does the site provide any coordination function for more than one project or location (such as processing of incoming work requests for multiple customers and/or work locations)?

Yes / No

1.2. Are one or more NDT operators working full-time at the site, with staffing arrangements such that there is no provision for routine face-to-face interaction between the site staff and staff normally based at the accredited base facility?

Yes / No

(e.g. this would apply if staff from the accredited base provide relief only for work intervals when the regular work site staff are absent).

A 'yes' response to either or both of the above questions indicates that Branch Site accreditation, or independent accreditation, will be required. Please contact your facility's Client Coordinator for an Application for Accreditation form.

Do not proceed further with this form if you have answered 'yes' above.

1.3. Please complete the following table by identifying whether the listed arrangements are in place (to an extent) locally or are provided *only* by the accredited base facility.

ITEM	LOCAL	BASE ONLY
Availability of next-level-up technical support ¹ for the least senior of the qualified personnel.		
Storage of test records during periods of work site operation (i.e., for which copies are not also available at the accredited base) ² .		
Review and acceptance of incoming work requests ³ .		
Testing facilities (i.e. suitable for performing testing other than field testing, for example a designated radiography bay).		
Review and release of test data to customers, even if not a regular occurrence.		
Any testing personnel who, on an on-going basis ⁴ , spend the majority of their working time at the site.		

Table Footnotes

1. Evidence of a local structure for technical supervision may indicate a richer technical decision-making environment, which is less amenable to review by NATA on the basis of visiting the base facility alone.
2. If ticking 'Base only' on the basis that records are transferred to base on a periodic basis, then the frequency should also be specified here.
3. If ticking 'Base only' on the basis that those tests accepted locally have been 'pre-qualified' then evidence of such pre-qualification is to be supplied.
4. Mark as 'N/A' if the work site is of fixed duration of less than 12 months.

Ticking the 'Local' box to a *majority* of the items in the table above indicates that branch site accreditation or independent accreditation is required. Please contact your facility's Client Coordinator for the relevant application form.

Do not proceed further with this form if you have ticked the 'local' box for a majority of the above items.

2. GENERAL DETAILS FOR THE WORK SITE

2.1. Is the work site associated with testing for a fabrication/construction project? **Yes / No**

Please note that any site visit to a major construction site will be arranged through the NDT contractor unless there are specific site access difficulties which require resolution by other parties. Also, before committing to an assessment visit, NATA will contact the asset owner to establish the extent of existing third party technical control measures. If it is considered that overall technical control measures provide a high level of assurance in the site operations then a visit by NATA may not be required.

2.2. Please complete the following details for the work site.

Accredited base facility Name and location:	
Accreditation No:	
Work site/project address:	

Client's name	
Asset owner's name	
Work site contact details (if applicable):	
Commencement date:	
Expected Duration:	

If notifying for a Routine work site, what is the purpose of NDT performed at work site:

3. SCOPE OF TESTING AT WORK SITE

Please complete the following table. Scope must be limited to tests for which accreditation is held by the accredited base facility.

NATA category (e.g. 6.03 RT Thickness)	Technique and material types (e.g. pulsed X-ray of pressure piping)

4. WORK SITE STAFF

Please complete the following table for all staff who are active at the site location.

Name	Position/role	Estimated weekly hours at the work site

5. SITE SPECIFIC MANAGEMENT AND TECHNICAL CONTROLS

The purpose of this section is to provide assurance that the accredited base facility has ensured that appropriate management and technical controls are in place for the work site.

1. Does the company's management system incorporate requirements applicable to work site activity? **Yes / No**

2. Have all site-specific documents relating to the particular work site been reviewed for consistency with the corporate system requirements? **Yes / No**

If so, by whom? _____

3. Have clear authorities and responsibilities been established for the work site staff including reporting structure (and defined organisational relationships where multiple entities are involved)? **Yes / No**

4. Has the accredited base facility established appropriate processes for review and acceptance of incoming work? **Yes / No**

If so, who is responsible for this on a day-day basis? _____

5. Is the accredited base facility directly responsible for provision of suitable on-site and off-site technical support as required? **Yes / No**

6. Has provision been made for supervision of site testing work, including review of test reports? **Yes/No**

7. If an on-site supervisor is appointed then the appointment is expected to be a person who is located at, or closely associated with, the accredited base facility when not deployed to work sites.

If an on-site supervisor has been identified, who is it? _____

8. Has the particular work site been included within the company's program for field technical control visits? **Yes / No**

9. Have provisions been made for applying the company's NDT competency audit (test plate) program for on-site personnel? **Yes / No**

If so, who is responsible for this? _____

10. Has the accredited base facility verified effective implementation of the equipment management system at the work site, including performance checking, servicing, storage, control etc.? **Yes / No**

If so, who most recently verified this? _____

11. Has the accredited base facility ensured effective monitoring of site personnel requirements including training, visual acuity and qualifications? **Yes / No**

If so, who is responsible for this? _____

12. Has the accredited base facility ensured that storage of testing records is appropriate? **Yes / No**

If so, who most recently verified this? _____

13. Has the accredited base facility ensured that the work site activities are included within the company's management system audit program and/or management review process to the extent appropriate for the scale of the site operation? **Yes / No**

6. AUTHORISATION

As a representative of this accredited facility I attest that, to the best of my knowledge, the details provided herein are accurate.

Name

Signature

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Date