

**PSL/57WIA ISSUE 6 DATED 1<sup>st</sup> APRIL 2018**  
**WELD INSPECTION EXAMINATION APPLICATION**  
**IMPLEMENTATION DATE: 1<sup>st</sup> MAY 2018 (this issue can be accepted by AQB prior to 1st May)**

For use when applying for initial, retest or recertification examinations. When completed, submit directly to the Examination Centre.

**GENERAL INFORMATION** (please read carefully before completing application).

All candidates for PCN examination are required to fulfill the conditions for eligibility specified in clause 5 of the current edition of PCN Inspection and Testing - General Requirements for Certification of Personnel. Eligibility is defined in terms of visual acuity and colour perception, training, and experience. Attention is drawn to opportunities for mature candidates who may satisfy special eligibility criteria. Candidates will be required to supply verifiable evidence of satisfying all eligibility criteria and PCN publishes the following documents, all of which are available free of charge, for use in recording and providing such information in an acceptable format:

- **PSL/30** Mandatory requirement form for recording pre-certification experience  
Supervision of candidate using the PSL/30 – gaining experience by NDT personnel certificated under the PCN Scheme or by non-certificated personnel who, in the opinion of the AQB, possess the knowledge, skill, training and experience required to properly perform such supervision. The AQB will check the supervisors WI experience.  
*(This note refers to the supervision of the candidate for Weld Inspection examination only)*
- **PSL/44** PCN Vision Requirements, including optional form for recording results of tests

Initial enquiries for examination appointments may be made to the Examination Centre by telephone. However, no examination appointment can be considered confirmed until a correctly completed application form and supporting information has been received. Applications should be legibly completed.

Once completed, this form and supporting information should be sent to the PCN Examination Centre together with relevant payment information or examination fees. One application form is to be submitted in respect of each examination applied for. Candidates not already having a PCN identity card will need to provide one passport photograph on the day of examination. Please enquire beforehand whether photographic facilities are available at the examination centre.

Applications dependent upon the individual holding (or having held) appropriate certification must be supported by acceptable evidence of such certification. If a photocopy is attached to this application as evidence, the candidate will be required to show the original on the day of the examination.

Where marks from earlier examinations are to be included in the examination grade, the candidate should supply the relevant examination result notice (or, where unavailable, verifiable information from which the date and scope of the examination and the PCN Examination Centre where the examination took place can be ascertained). Failure to comply with this requirement may result in a refusal to examine.

**INFORMATION TO BE PROVIDED BY CANDIDATE (complete parts 1 to 6 inclusive)**

If uncertain of the requirements, consult PCN or the Examination Centre before proceeding. This application form asks for specific details on experience and training and must be signed to the effect that these details are correct. In the event of a false statement being discovered, any certification awarded as a result of the examination will be null and void. Please complete all of the following parts.

**PART 1. CANDIDATE'S PERSONAL DETAILS**

Family name:		Given names:	
Candidate's usual residence, including post code (address that will be shown on the certificate):		Address, including postcode, to which the PCN certificate, when issued, is to be sent.	
<b>CANDIDATES SIGNATURE AUTHORISING CERTIFICATE TO BE SENT TO ABOVE ADDRESS:</b>			
Telephone number:		PCN number:	
E-mail address:		Date of birth (dd/mm/yyyy):	
Gender (optional):			
It may be possible to make provision in PCN examinations for disabled candidates. If you are disabled please bring this fact to the attention of the examining body.			

**PART 2. CURRENT EMPLOYMENT DETAILS (PSL/30 should be used to record past employment.)**

Employer's name and address (if self employed, state this here):	
Post code:	Email:
Candidate's position in the organisation:	Manager or supervisor's name:

**PART 3. EXAMINATION APPLIED FOR (provide information indicated or tick relevant boxes)**

Preferred examination date and venue:			
Code, specification or standard ( <i>in full</i> ) chosen for use in Welding Inspector examinations:			
	Welding Inspector		Senior Welding Inspector
Initial examination		Retest	Recertification

**PART 4. PRE-CERTIFICATION TRAINING**

Attach evidence of satisfactory completion of PCN approved training course or provide the following details for classroom training;

Name of training organisation and title/reference of relevant training course:	
Dates of course (from/to):	

**PART 5. EXPERIENCE** (please provide a brief description of the nature and duration of your employment as a weld inspector – continue on a separate sheet or use form PSL/30 if necessary).


**PART 6. CANDIDATE’S STATEMENT CONFIRMING ELIGIBILITY FOR EXAMINATION**

I have read and understand PCN Requirements for the certification of personnel engaged in Inspection, particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria covering vision, training and experience. In the event that I should be awarded PCN certification. I agree to comply with the PCN Code of Ethics (published as PCN document CP/27).

I understand that, in the event of a false statement being discovered, any certification awarded as a result of the examination will be null and void. I accept responsibility for payment of examination fees in the event of non-payment by the sponsor.

**NOTE:** BINDT will store and use the information given on this form only for the purpose for which it has been provided. Your personal details and any other data you provide to BINDT will not be passed on to a third-party without your permission.

BINDT would like to contact you from time to time to let you know about its other services that may be of interest, such as special offers and discounts, events and new products. If you are happy to be contacted by BINDT, please indicate by ticking the box below:

I am happy for BINDT to contact me with information that may be of interest [  ]

You can subscribe or unsubscribe at any time, simply let us know.

SIGNATURE: ..... DATE: .....

**Attach**

- a. Vision test certificate (PCN PSL/44 may be used) unless vision test arranged at Examination Centre
- b. Evidence of experience (PCN document PSL/30 is a mandatory requirement)
- c. Correct examination fee (unless part 8 of this form is appropriately completed); details of fees are available from the examination centre.

**Bring**

- d. One passport photograph (unless already a holder of a PCN identity card issued within the past 10 years, or if photographs are to be taken at the Examination Centre - check beforehand if facilities are available on site)
- e. Your PCN record of certification and PCN identity card (if already a PCN certificate holder)

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**PART 7. VERIFICATION OF CANDIDATE’S STATEMENT BY THE SPONSOR, EMPLOYER OR, IF THE CANDIDATE IS SELF-EMPLOYED, A REFEREE.**

To the best of my belief, the candidate's statement given in part 6 is correct at the time of signing.

NAME: ..... SIGNATURE: .....

COMPANY: ..... EMAIL: .....

TELEPHONE: .....

**PART 8. PAYMENT** (complete applicable sections only)

<b>Are you VAT registered?</b> Please provide VAT Number.	
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**Payment type if not paying by card (please tick & complete as appropriate)**

<b>Cheque Enclosed?</b>		<b>Bank Transfer (BACS)</b>		<b>Purchase Order Number</b>	
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**Credit/Debit Card (provide details below)**

Please tick the appropriate boxes:

<b>For payment by credit card (tick relevant box):</b>	Visa		MasterCard		Amex		Switch	
							Issue No.	
<b>Corporate/ company card</b>					<b>Personal Card</b>			
<b>Name as shown on the card:</b>								
<b>Card Number</b>								
<b>Signature of above named individual:</b>								
<b>Security code:</b> (Last 3 digits on the security strip on reverse of the card)								
<b>Card valid from:</b>								
<b>Card expiry:</b>								
<b>Billing address:</b> (Address the invoice will be sent to, if Corporate card then address of company and name of whom the invoice should be sent to)								
<b>Please debit the above credit/debit card for the amount shown (applicants must enter the correct amount, which can be ascertained from document PSL/35):</b>	£ : (including VAT)							

**FOR OPTIONAL USE BY THE EXAMINATION CENTRE**

EXAMINATION DATE: ..... EXAMINATION VENUE: .....

EXAMINER: ..... MODERATOR: .....

PAYMENT RECEIVED: ..... RESULT REFERENCE: .....

EXAMINATION FILE COMPLETE AND CLOSED (initials/date): .....

REMARKS (if any verification sought and obtained, record details below):

Tel: +44(0)1604-438-300.

E-mail: [pcn@bindt.org](mailto:pcn@bindt.org)

## LOG OF EXPERIENCE

PSL/30 Issue 11 dated 1<sup>st</sup> October 2019

IMPLEMENTATION DATE: 1<sup>st</sup> December 2019

Industrial NDT experience in the applicable NDT method, field of application or inspection application which leads to the acquisition by a PCN candidate of the required skill and knowledge, is to be gained and recorded prior to the award of certification by PCN. In the event that a false statement is made concerning pre-certification experience, any certification awarded as a result will be null and void.

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### 1. Terms and Definitions:

**Inspection Experience** – the experience needed to acquire the skill and knowledge to fulfil the provisions of qualification in the appropriate inspection method, and which is gained under the supervision of Appropriately Qualified Personnel, in the application of the inspection method in the sector concerned.

**Industrial NDT Experience** – the experience needed to acquire the skill and knowledge to fulfil the provisions of qualification in the appropriate sector, and which is gained under the supervision of Appropriately Qualified Personnel, in the application of the NDT method in the sector concerned.

**Qualified supervision** – supervision of candidates gaining experience by NDT personnel certificated under the PCN Scheme or by non-certificated personnel who, in the opinion of BINDT, possess the knowledge, skill, training and experience required to properly perform such supervision

**Appropriately Qualified Personnel** – Individuals carrying out supervision of candidates for PCN certification holding relevant certification issued by a BINDT recognised certification body meeting the requirements of ISO/IEC 17024.

**\*NOTE: The Supervisors' certificate(s) must be verified as the same or higher level, sector and method and must be valid at the time the experience was gained.**

**(This may include certification schemes other than ISO 9712, such as EN 4179 and SNT-TC-1A providing that this certification has been gained using external training/examination support provided by a BINDT approved organisation. The organisation must be a BINDT approved ATO, AQB and/or OA status.**

**Please contact [pcn@bindt.org](mailto:pcn@bindt.org) if clarification on this is required. If you do not have an appropriately qualified supervisor, please contact PCN for advice)**

**THIS NOTE DOES NOT APPLY TO WELD INSPECTION RECERTIFICATIONS/RENEWALS.**

## 2. Required experience: Levels 1, 2 and 3

The candidate shall have had regular practical experience in the application of the NDT method and this will include a specified period of recorded practical work on site or in works under certificated supervision. The minimum periods of experience for eligibility, which may include the required period of training, are specified below:

	LEVEL 1	LEVEL 2	LEVEL 3
NDT METHOD	(months)	(months)	(months)
ET,RT,UT,TOFD,ACFM	3	9	36
PT,MT,VT,PAUT	1	3	24
RI	N/A	6	N/A
Inspection of Wrought Plate (ISO20807)	N/A	4	N/A
Weld Inspection (does not comply with ISO 9712)	Refer to the latest PCN document PCN WI	Refer to the latest PCN document PCN WI	Refer to the latest PCN document PCN WI

For level 2 certification, work experience normally consists of time as a level 1. However, if the candidate is to qualify directly at level 2 with no time at level 1, the experience will consist of the sum of the periods required for levels 1 and 2.

### Level 3

Level 3 responsibilities require knowledge beyond the technical scope of any specific NDT method. This broad knowledge may be acquired through a variety of combinations of education, training and experience. The table above details minimum experience for level 3 candidates.

For level 3 candidates who have successfully completed a degree or diploma at a technical school or completed at least two years of engineering or science study at an accredited college or university, proof of qualifications will be required, may be eligible for a reduction in the amount of experience required by 50%.

For Level 3 certification, the intent is that work experience consists of time as a Level 2. If the individual is being qualified directly from Level 1 to Level 3, with no time at Level 2, the experience shall consist of the sum of the times required for Level 2 and Level 3. No reduction in the period of experience shall be allowed.

Work experience, which is based on a nominal 40 hour working week, may be gained simultaneously in two or more of the NDT methods for which PCN certification is sought, with the reduction of total experience as follows:

- \* Two testing methods - reduction of total time required by 25%
- \* Three testing methods - reduction of total time required by 33%
- \* Four testing methods - reduction of total time required by 50%

**NOTE: Level 3 candidates must have the required amount of NDT experience prior to taking any examination.**

## 3. Recording experience

Candidates will be required to provide documented proof, authenticated by an employer or responsible agency (who PCN may contact for verification purposes), of the above work experience before an application for certification can be accepted by PCN. Please list all employers during the period in which experience was gained:

The forms overleaf, which may be freely copied, are intended to assist the PCN candidate in recording employment whilst gaining experience for certification.

Candidate's name: \_\_\_\_\_ PCN number (if known): \_\_\_\_\_

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

NDT Method or Inspection Method	NDT Technique or Inspection Technique	Description of component, material and/or structure tested	Details of application, procedure, code or standard	Experience gained		Signature, name and contact e-mail or telephone number of certificated supervisor (you must include a copy of the relevant certificates of the supervisor signing below refer to *NOTE)
				from DD/MM/YY	to DD/MM/YY	
						Name of supervisor: Position in Company: Contact Email: Tel: Signature:

**\*NOTE: The Supervisors' certificate(s) must be verified as the same or higher level, sector and method and must be valid at the time the experience was gained.**

**(This may include certification schemes other than ISO 9712, such as EN 4179 and SNT-TC-1A providing that this certification has been gained using external training/examination support provided by a BINDT approved organisation. The organisation must be a BINDT approved ATO, AQB and/or OA status. Please contact [pcn@bindt.org](mailto:pcn@bindt.org) if clarification on this is required. If you do not have an appropriately qualified supervisor, please contact PCN for advice)**

**THIS NOTE DOES NOT APPLY TO WELD INSPECTION RECERTIFICATIONS/RENEWALS.**



## Summary of changes

Issue	Issue date	Summary of changes
10	01.07.2018	NOTE changed to state same or HIGHER level, sector and method.
11	01/10/2019	Day, month, year added to experience log

## PSL/44 VISION REQUIREMENTS – Issue 17

Dated 1st January 2018

Implementation date 1<sup>st</sup> February 2018

All PCN candidates and holders of PCN certification shall have natural or corrected vision satisfying the following minimum requirement:

PCN will recognise the Tumbling E Chart as a satisfactory near vision test please refer to BS EN ISO 18490 previously NANDTB 24 which has been superseded <http://www.eminspection.co.uk/visiontests/>. (Existing documentation or Tumbling E vision test charts that continue to state NANDTB/24 remain valid but ISO 18490 is the standard that must be adhered to.)

The candidate shall provide documented evidence of satisfactory vision in accordance with the following requirements:

- A. Corrected or uncorrected near-vision acuity shall permit reading a **minimum of Times Roman N4.5 or equivalent letters** (having a vertical height of not more than 1.6 mm – see note 1) at not less than 30 cm.
- B. Colour vision (see note 2) shall be sufficient that the candidate can distinguish contrast between the colours or shades of grey used in the NDT method concerned as specified by the employer see PSL/44 ANNEX A for employer guidance.

Subsequently to certification, the tests of visual acuity shall be carried out at least annually. Records of tests shall be retained by the employer or responsible agency and provided to PCN upon request. Failure to do so will invalidate all PCN certification.

**NOTE 1.** Laminated hand held vision test charts are available from a number of suppliers, including the Institute of Optometry\*. Further information may be obtained from the Certification Services Division of the British Institute of NDT. \*<http://www.ioosales.co.uk/html/practice/eye06B.html>

**NOTE 2.** All candidates and holders of PCN certification will be required to have had colour perception assessed by the Ishihara 24 plate test. For VT and CRT the candidate is usually required to undergo both the Ishihara and Grey scale tests, however, the employer will need to confirm with the AQB. For Film RT and Film RI the grey scale may be sufficient without the need for the Ishihara plate test, this shall be confirmed by the employer. The test is required every five years. **In the event that a colour perception deficiency, indicated by misreading any of the first 17 plates, is detected during the Ishihara test, a further 'trade test' is to be carried out by the employer to ascertain whether the detected colour perception deficiency affects the individual's ability to perform the NDT for which he is certificated.** This trade test is to be documented and the record of the test made available to BINDT upon request.

In such cases as a new medical issue arises candidates are required to undergo further eye examinations as some medical conditions such as diabetes or a major medical condition can affect both near vision and colour perception.

Forms overleaf may be used to record the results of near vision, colour perception and contrast tests.

BINDT accepts that a \*nominated official of an Authorised Qualifying Body, a PCN Level 3 certificate holder or other medical professional, having documented proof of satisfactory training in the administration of the test, and is medically recognised as competent to conduct such tests for candidates and holders of PCN certification.

*\*nominated officials must provide proof of appropriate training upon request by BINDT.*

## RECORD OF VISION TESTS

Name of individual tested: \_\_\_\_\_ PCN number: \_\_\_\_\_

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

\_\_\_\_\_

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

Employer: \_\_\_\_\_

<b>RESULT OF NEAR VISION TEST</b> (record the smallest text capable of being read).	
CORRECTED	UNCORRECTED
Times Roman N: _____, or  Jaeger number: _____	Times Roman N: _____, or  Jaeger number: _____
<b>RESULT OF NEAR VISION TEST – Tumbling E Option</b> (candidates should correctly identify 5 out of 5 on each line, and lines 1-9)	
CORRECTED	UNCORRECTED
Line 1 Pass/Fail Line 2 Pass/Fail Line 3 Pass/Fail Line 4 Pass/Fail Line 5 Pass/Fail Line 6 Pass/Fail Line 7 Pass/Fail Line 8 Pass/Fail Line 9 Pass/Fail	Line 1 Pass/Fail Line 2 Pass/Fail Line 3 Pass/Fail Line 4 Pass/Fail Line 5 Pass/Fail Line 6 Pass/Fail Line 7 Pass/Fail Line 8 Pass/Fail Line 9 Pass/Fail
<b>RESULT OF ISHIHARA COLOUR VISION TEST</b> Record the Ishihara test results, and indicate if an alternative (trade) test is suggested.	
Please state number of Ishihara plates correctly interpreted: Failure to record this will result in vision test being rejected  (MINIMUM OF FIRST 17)	Record of Ishihara plates failed (the test administrator may, optionally, provide comment on the nature of colour perception deficiency):
<b>RESULT OF GREY SCALE TEST</b>	
Which grey scale test was used?	Number of correct readings given for Dr Kolbl ONE/TUV/BV Eye Examination (20 minimum)  <b>Pass/Fail</b> (delete as appropriate)  The Skerik grey scale test: - Contrast modification – It is required that the contrast of 2% and above shall be clearly discriminated on pattern while contrast of less than 1% shall not be visible.  <b>Pass/Fail</b> (delete as appropriate)

<b>RESULT OF COLOUR VISION TRADE TEST (WHERE NECESSARY - SEE NOTE 2)</b> The employer should state the NDT methods and associated colours used by the employee:			
NDT METHOD	ASSOCIATED COLOURS	COLOUR DIFFERENTIATION	CONTRAST DETECTION
<b>RESULT OF OPTIONAL FAR VISION TEST</b>			
CORRECTED		UNCORRECTED	
Corrected far vision acuity shall have a minimum value of 0.8 (or imperial measurement 6/7.5 i.e. the candidate will be able to read the characters on the line marked 7.5 M-units at a distance of 6 metres).  <b>Pass/Fail</b> (delete as appropriate)		Uncorrected far vision acuity shall have a minimum value of 0.8 (or imperial measurement 6/7.5 i.e. the candidate will be able to read the characters on the line marked 7.5 M-units at a distance of 6 metres).  <b>Pass/Fail</b> (delete as appropriate)	
<b>DETAILS OF PERSON CARRYING OUT AND RECORDING ANY OF THE ABOVE TESTS</b>			
Signature:		Name of tester:	
		Date of test:	
		Expiry date of test:	
		<b>(note: maximum 12 months from date of test but may be prior to that)</b>	
Organisation and telephone number (please use official stamp if available):			