

Survey Team Size Questionnaire

Two Park Avenue tel 1.212.591.8500
 New York, NY fax 1.212.591.8501
 10016-5990 U.S.A. www.asme.org

Company Name:	Company ID:
Division Name (If Applicable):	
Address of Location Being Surveyed:	

Facility Information	
Provide a response to 1, 2, and 3 below for each location for which this application is being submitted.	
1. Provide the acreage and number of buildings.	
2. Indicate the activities performed and the number of employees performing activities which control/affect quality.	
3. Provide distances with units between buildings from the main facility. Indicate best mode of transportation and length of time to reach buildings/locations, i.e., walking, car, airplane, train.	

Facility Limitations	
4. Are there any limitations on the entry to your facilities that could obstruct the progress of the survey activities or prevent non-nationals entry to certain buildings or areas in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide explanation:
5. Is there a shortened work week schedule or multiple shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide explanation:

Facility Restrictions	
6. Are there restrictions on the use of personal computer, cell phones, flash drives or other electronic equipment in your facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide explanation:

Facility Services	
7. Are copying, computer, phone, and Internet services available to the survey team within your facilities?	Use of copying machines? <input type="checkbox"/> Yes <input type="checkbox"/> No Use of computers? <input type="checkbox"/> Yes <input type="checkbox"/> No Internet service available? <input type="checkbox"/> Yes <input type="checkbox"/> No Use of a phone? <input type="checkbox"/> Yes <input type="checkbox"/> No

Code Work	
8. Code work performed since the last ASME Survey	Has there been any certification or application of the Certification Mark under the ASME Certificate since the last ASME survey? <input type="checkbox"/> Yes <input type="checkbox"/> No

Language	
9. Proficiency In English	Are employees that are involved with the Quality Program or have an impact on quality proficient in speaking English? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the procedures, process sheets, and/or drawings written in the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No

Supplemental Application Form for the Nuclear Material Organization Certification Program

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FORM C

Company Name:	Company ID:
Division Name (If Applicable):	
Address of Location Being Surveyed:	

Select Certificate Being Requested¹:

- | | |
|---|---|
| <input type="checkbox"/> Quality System Certificate | <input type="checkbox"/> Material Organization Scope on N-Type Certificate of Authorization |
| <input type="checkbox"/> Quality System Certificate (Corporate) | <input type="checkbox"/> Material Organization Scope on N-Type Certificate of Authorization (Corporate) |
| <input type="checkbox"/> Quality System Certificate (Corporate Extension) | <input type="checkbox"/> Material Organization Scope on N-Type Certificate of Authorization (Corporate Extension) |

Check Certificate Being Requested: New Renewal - If Renewal, Enter Current Certificate Number: _____

NCA-3800 Quality System Program:

Check the type of operations to be listed in the certificate scope².

- | | | |
|---|--|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Supplying | <input type="checkbox"/> Providing Services (See Form S) |
| <input type="checkbox"/> Utilization of Unqualified Source Material | <input type="checkbox"/> Approval and Control of Suppliers | |
| <input type="checkbox"/> Qualification of Noncertified Material Organizations | <input type="checkbox"/> Shipment of Material from Qualified Material Organizations to Other Parties | |

Information for the ASME Survey Team:

Enter "P" (Perform Activity) or "S" (Subcontract Activity) or both in the spaces below for each activity:

_____ Material Testing	_____ Product Form Conversion	_____ Nondestructive Examination	_____ Heat Treatment
_____ Affecting Mechanical Properties	_____ Melting & Heat Analysis	_____ Repair Welding	_____ Receipt, Identification, Verification, Handling, Storage, Shipment of Material

Product Forms:

Identify your product forms by indicating in the spaces provided the type of material from which the product is made. Enter "F" for Ferrous, "NF" for Nonferrous, or both in the spaces below.

_____ Bars	_____ Fittings Made From NPT Stamped Tubular Product
_____ Threaded Fasteners	_____ Seamless Tubular Products
_____ Castings	_____ Tubular Products Welded w/out Filler Metal
_____ Forgings	_____ Tubular Products Welded w/ Filler Metal (NPT Stamped)
_____ Plates	_____ Structural Shapes
_____ Clad Plates	_____ Sheet
_____ Seamless Fittings	_____ Strip
_____ Flanges	_____ Brazing Material
_____ Hot Rolled Rod	_____ Fittings Welded w/out Filler Metal

Welding Material:

_____ Bare Electrodes	_____ Strip Electrodes
_____ Covered Electrodes	_____ Bare Wire
_____ Flux Cored Electrodes	_____ Consumable Inserts
_____ Metal Cored Electrodes	_____ Powdered Filler Metal

Prestressing Systems (Div. 2):

_____ Strands	_____ Couplings
_____ Wires	_____ Coupling Components
_____ Bars	_____ Non Load Carrying Materials
_____ Anchorages	_____ Prestressing Systems
_____ Anchorage Components	

Semi-Finished Product Forms:

_____ Rounds	_____ Billets
_____ Hollows	_____ Ingots
_____ Hot Rolled Wire	_____ Semi-Finished Strip
_____ Hot Rolled Rod	_____ Slabs
_____ Blooms	

Concrete Reinforcing Systems (Div.2):

_____ Reinforcing Bars
_____ Reinforcing Systems
_____ Mechanical Splice Products

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FORM C

Company Name:	Company ID:
Division Name (If Applicable):	
Address of Location Being Surveyed:	

NCA-3900 Quality System Program:

Check the type of operation(s) and material(s) to be listed in certificate scope:

- | | |
|---|---|
| <input type="checkbox"/> Non-Metallic Material Manufacturer | <input type="checkbox"/> Non-Metallic Material Constituent Supplier |
| <input type="checkbox"/> Plastic Concrete | <input type="checkbox"/> Admixtures (Air Entraining, Chemical, Mineral, Grout Fluidifier) |
| <input type="checkbox"/> Plastic Grout | <input type="checkbox"/> Aggregates |
| | <input type="checkbox"/> Cement |
| | <input type="checkbox"/> Cement Grout |
| | <input type="checkbox"/> Ice & Water |
| <input type="checkbox"/> Polyethylene Material Manufacturer | <input type="checkbox"/> Polyethylene Source Material Manufacturer |
| <input type="checkbox"/> Polyethylene Material Supplier | <input type="checkbox"/> Natural Compound |
| | <input type="checkbox"/> Pigment Concentrate Compound |
| | <input type="checkbox"/> Polyethylene Compound |

Activities performed at another location³:

Address:	
Code Activities Performed:	

For a Material Organization scope addition to an N-type Certificate, a copy of the application including this form should be provided to the AIA when the application is sent to ASME.

Footnotes:

¹ For N-type Certificates of Authorization, a program demonstration/implementation of the Material Organization activities is required.

² These operations are already included among the activities that may be performed under an N-type certificate (N, NA, NPT, & NS). The N-type Certificate Holder is to indicate which additional operations will be performed under the program. Listing of these operations in the N-type certificate scope is not required but must be addressed in the N-type Certificate Holder's Quality Assurance Manual and be included in the program demonstration/implementation presented to the ASME Survey Team.

³ Specific address and activities such as quality assurance, design, purchasing, forming, storage, etc., performed at another location that supports the main location as identified at the top of the form, which will appear in the certificate scope.