



cwbgroup

CERTIFICATION OF WELDING INSPECTION ORGANIZATIONS

RECORD OF WELDING INSPECTORS, TEST EQUIPMENT OPERATORS & WIS DELEGATES

CWB Form 351E/2018-2

W178.1

Company Name: _____
Address: _____
Certification Contact: _____
Email: _____ Tel / Cell No. _____

Company Code

DATE
MM/DD/YYYY

PLEASE LIST ALL PERSONNEL INVOLVED IN WELDING INSPECTION AND TESTING FOR YOUR COMPANY AND ANY WIS DELEGATES.

Note that certified welding inspection organizations must maintain an up-to-date list of inspection personnel showing their current qualifications

** OTHER: Please indicate - ABS, ASME B31.1, API 650, API 653, CSA W47.2, CSA W59.2, CSA W59-Annex U

Table with columns: NAME, CWB Reg #, W178.2 LEVEL (LEVEL 3 WIS, LEVEL), W178.2 CODE/STANDARD ACCREDITATIONS (W47.1 W59, ASME B31.3, ASME VIII&IX, CSA Z662, OTHER**), DESTRUCTIVE TESTING (MECH., MET.), CGSB LEVEL (RT, UT, MT, PT, ET), ACFM, PMI, Trainee, WIS Delegate? ((Y/N), If Y, list applicable methods)

WELDING INSPECTION SUPERVISOR (WIS)

Date: MM/DD/YYYY