CERTIFICATION OF WELDING INSPECTION ORGANIZATIONS
RECORD OF WELDING INSPECTORS, TEST EQUIPMENT OPERATORS & WIS DELEGATES

CWB Form 351E/2026-1

W178.1

Company Name: _____

Address: _____

Certification Contact: _____

Email: _____ Business No.: _____ 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

*** CWB Reg No.: W178.2 Inspector number mandatory**

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

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

WELDING INSPECTION SUPERVISOR (WIS) Date: MM/DD/YYYY