



Co. Code:	
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W178.1

WELDING INSPECTION SUPERVISOR RESPONSIBILITY FORM

In accordance with CSA W178.1, Clause 7.1, each welding inspection organization shall include a qualified welding inspection supervisor who is a **full-time employee** of the welding inspection organization.

Having been designated by my employer

Company Name

As a Welding Inspection Supervisor whose base of operations is the address under which the company is certified to CSA Standard W178.1

I, _____ accept full responsibility for this function in accordance with CSA Standard W178.1, *Certification of Welding Inspection Organizations*. I understand this requires in part that:

1. I know and apply the certification requirements of CSA Standard W178.1 and am a CWB certified W178.2 Level 3 Inspector as per Clause 7.2.3 of W178.1 (see Clause 7.2.4 for exception).
2. I understand that I shall have technical control over the inspection activities conducted by my organization as per Clause 7.2.1 of W178.1.
3. I am familiar with the company's welding inspection and test procedures as per Clause 7.2.7 of W178.1 and will review these on at least an annual basis as per Clause 6.2 of W178.1.
4. I ensure the welding inspection and test personnel possess a working knowledge of the company's CWB Group approved welding inspection and test procedures per Clause 7.2.8 of W178.1.
5. I ensure that inspection and test personnel are qualified to carry out the work to which they are assigned and that it is my responsibility to sign inspection reports for the certified inspection organization per Clause 7.2.6 of W178.1.
6. I provide timely reporting of changes in personnel, equipment or facilities as required by CSA Standard W178.1. The reports shall identify newly employed and upgraded personnel, together with their qualifications, responsibilities and proposed titles as stated in Clause 6 of CSA Standard W178.1. Personnel who have left the employ of the company shall also be reported.

Signature of Welding Inspection Supervisor

Signature of CEO

DATE						
	MONTH	DAY	YEAR			

PLEASE SUBMIT TO THE CWB VIA MAIL, EMAIL OR FAX AND RETAIN A COPY FOR YOUR FILE.