

Attestation for NDT Vision Records

Where Near Vision or Colour Vision tests to ascertain acuity per CAN/CGSB-48.9712 are not performed by a medical professional, the alternate trained professional must be approved and documented by Level 3 personnel acting on behalf of the employer. This document attests to the vision tests being performed in accordance with CAN/CGSB-48.9712 (such as on CWB Forms 455 and 504).

I, _____, a L3 NDT personnel with Registration No. _____ under the (*circle one*) NRCan / CWB certification body confirm that:

1. I am certified in good standing with my respective certification body per CAN/CGSB-48.9712 as a Level 3 NDT personnel.
2. I am authorized to act on behalf of employer (Employer Name: _____) to approve the trained professional (Name: _____) performing the vision test(s) and I approve of them performing the test for this candidate (Candidate Name: _____, Candidate CWB Registration No. _____)
3. I confirm that I possess all records, training and procedures used to qualify the individual performing the test and consent to these documents being presented to CWB at any time for confirmation.
4. I have reviewed the testing to ensure that it has been performed in accordance with the procedures and in compliance of the vision requirements within CAN/CGSB-48.9712.
5. I agree to being contacted directly by CWB to verify or provide evidence of any aspect of these vision tests.
6. I agree to consent to CWB contacting my employer to confirm additional details about myself, the trained professional, and to ensure the validity of the information in this attestation.
7. I understand that any falsification of results, procedures or records may result in direct discipline of myself and disqualification of the candidate subject to CWB's Code of Ethics and will also result in reporting of the offense to other related certification bodies. This may, in the extreme case, lead to penalties, suspension or cancellation of certifications.

Level 3 Phone Number: _____

Signature of Level 3 personnel: _____

Date Signed: _____

Trained Professional Signature: _____ Date Signed: _____