



VISION TEST REPORT FORM FOR NON-DESTRUCTIVE TESTING PERSONNEL

This form must be completed and submitted to the Natural Resources Canada (NRCAN) National Non-Destructive Testing Certification Body (NDTCB) when applying for initial certification, renewal and recertification in any NDT method. Incomplete documentation may lead to longer processing times.

Three vision acuity tests may be required:

1. Near Vision Acuity
2. Distance Vision Acuity (required for Visual Testing method applications **only**)
3. Colour Vision

All vision acuity tests must be completed, signed for, and dated by licensed physician, nurse, ophthalmologist, or optometrist or by another trained professional who is approved and documented by a CAN/CGSB Level 3 NDT personnel acting on behalf of the employer. In cases where another trained professional who is approved and documented by a Level 3 personnel acting on behalf of the employer is administering any or all vision acuity test(s), the **Attestation Form for NDT Vision Test Report** must be completed and submitted to NRCAN NDTCB together with this completed Vision Test Report form.

Candidate's Name: _____

Registration #: _____

Candidate's Signature: _____

Date: ____/____/____
YYYY MM DD**Near Vision Acuity and Distance Vision Acuity:**

Completed Near and Distance Vision Acuity Test Report Forms are valid only for one year (12 months).

1. Near Vision Acuity:

Near vision acuity shall permit reading a minimum of Jaeger number 1 or Times Roman N4.5 or equivalent letters (having a height of 1,6 mm) at not less than 30 cm with one or both eyes, either corrected or uncorrected.

I confirm that the candidate (Please check **one** box only):

- Meets the requirement without correction
Meets the requirement with correction
Does not meet the requirement

2. Distance Vision Acuity (required for VT method):

Distance vision acuity shall equal Snellen Fraction 20/30 or better with one or both eyes, either corrected or uncorrected.

Not applicable: candidate is not applying for VT

I confirm that the candidate (Please check **one** box only):

- Meets the requirement without correction
Meets the requirement with correction
Does not meet the requirement

Examiner's Name (Please print) _____

Examiner's Signature _____

Examiner's Appointment/Title (Please print) _____

Date of Vision Test: ____/____/____
YYYY MM DD**3. Colour Vision:**

Completed Colour Vision Test Report Forms are valid for five(5) calendar years (60 months).

Colour vision shall be sufficient that the candidate can distinguish and differentiate contrast between the colours or shades of grey used in the NDT methods concerned as specified by the employer. This is to confirm if the candidate can see flaw indications that are typical of the method. For example: In liquid penetrant, confirm that the candidate can see red indications on a white background and fluorescent-green indications on a variety of backgrounds. The Ishihara 24 plate test is an example of a suitable colour vision test.

I confirm that the candidate (Please check **one** box only):

- Meets the requirement without limitation
Has successfully completed a performance test typical of the following NDT methods:

Does not meet the requirement

Examiner's Name (Please print) _____

Examiner's Signature _____

Examiner's Appointment/Title (Please print) _____

Date of Vision Test: ____/____/____
YYYY MM DD