



Attestation Form for NDT Vision Test Report

As per the CAN/CGSB 48.9712-2022 standard, near vision acuity testing, colour vision and/or grey scale perception verification(s) shall be administered by a licensed physician, nurse, ophthalmologist, or optometrist; or by another trained professional who is approved and documented by Level 3 personnel acting on behalf of the employer.

In cases where a CAN/CGSB Level 3 NDT personnel acting on behalf of the employer has approved another trained professional, this Attestation Form must be completed and submitted to NRCAN NDTCB together with the completed 8.2.1-003 Vision Test Report form for Non-Destructive Testing Personnel.

The CAN/CGSB Level 3 NDT personnel approving the trained professional to administer any or all vision acuity test(s) must read and agree to the following terms and conditions for the Vision Test Report to be valid and acceptable to the NRCAN NDTCB:

1. The Level 3 NDT personnel is authorized by the employer to act on their behalf.
2. The Level 3 NDT personnel has documentation approving the trained professional administering the vision test.

I understand that the NRCAN NDTCB may conduct audits to verify the validity of the information in this attestation, and that I will fully cooperate in providing any additional documentation as requested. I am fully aware that the NRCAN NDTCB may actively communicate with my employer to ensure the validity of the declarations on this attestation form.

I attest that I am a certified CAN/CGSB Level 3 NDT personnel in good standing with NRCAN NDTCB. I agree that NRCAN NDTCB may contact me to verify information related to this attestation. My signature is an attestation that I clearly understand and will comply with the terms and conditions of NRCAN NDTCB's program for certification.

Falsification of information with the intent to deceive is a serious offense under the NRCAN NDTCB Code of Conduct and will be dealt with according to NRCAN NDTCB procedure "**8.5-007 – NRCAN NDTCB Procedure for Code of Conduct Violations**" and associated NRCAN NDTCB - Government of Canada policies, and may necessitate one or more of the following disciplinary measures: termination of the certification process, suspension or withdrawal of certification, publication of the violation, notification of employer(s), union(s) and appropriate regulatory authorities and, if appropriate, additional legal actions.

I _____ NRCAN Registration number _____ am acting on behalf of _____ (*print employer*) and have documentation approving _____ (*print name*) to administer the vision test as a trained professional.

Level 3 Signature

Date (yyyy-mm-dd)

Employer Representative Name

Employer Representative Signature

Date (yyyy-mm-dd)