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ASME PRESURVEY QUESTIONNAIRE FOR AIA CERTIFICATES OF ACCREDITATION

The following information is requested in connection with the upcoming ASME QAI-1 survey for review and implementation of your Quality Program. This information is requested by the Society to provide the Survey Team with background information regarding your organization and Quality Program. Please answer the questions to the best of your ability. Copies of this questionnaire should be provided for each member of the Survey Team at the time of their presurvey review of your Quality Program. If desired, this questionnaire may be supplemented in any manner that will be of assistance in understanding your program, facility, operations, or organizational structure that may have a bearing on performance of Code activities. If additional space is needed, supplemental sheets may be used and keyed to the question number.

1. GENERAL INFORMATION

AIA Name: _____

Office Address: _____

AIA Contact Name / Title: _____

Telephone: _____ Fax: _____

2. AUTHORIZED INSPECTION AGENCY

A. Jurisdiction

Is a relationship defined with a "designated administrative authority" to jointly meet accreditation criteria?

If yes, how does the Jurisdiction provide oversight?

What Code Sections are adopted and administered by the Jurisdiction?

☐ ASME I
☐ ASME IV
☐ ASME X

☐ ASME III Div. 1
☐ ASME VIII Div. 1
☐ ASME XI

☐ ASME III Div. 2
☐ ASME VIII Div. 2
☐ ASME XII

☐ ASME III Div. 3
☐ ASME VIII Div. 3

B. Insurance Company

Is the company structured with separate organizations/operations for insurance and inspection activities?

If yes, how is the relationship defined to jointly meet accreditation criteria?

What name appears on the license issued by a Jurisdiction Authority allowing the company to sell boiler and pressure vessel insurance?

Is evidence of the insurance license and of being actively engaged in writing insurance available for review by the Survey Team?

3. **OPERATIONS**

Does the organization employ:

Authorized Inspectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorized Inspector Supervisors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorized Nuclear Inspectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorized Nuclear Inspector Supervisors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorized Nuclear Inservice Inspectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorized Nuclear Inservice Inspector Supervisors	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What is the name of the organization in which personnel commissions are issued?

Are Quality Program operations controlled from a location other than the office identified in Question 1?

If yes, what is the address of the controlling location and how is the relationship/responsibility defined between the locations?

4. **QUESTIONS**

It is the desire of ASME to assist you in acquiring ASME accreditation. Please identify any questions for discussion during the survey.

Submitted by: _____ Title: _____

Signature: _____ Date: _____