



American Welding Society

550 NW LeJeune Road Miami, FL 33126

(800 or 305)-443-9353, Ext 448 Fax (305) 443-6445

Accredited Testing Facility Program (North American Fee Schedule)

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Technical Documents

(These documents are available for downloading at the AWS website.
Please click on the document name and you will be redirected to the AWS Website.)

- [QC4-89, Standard for Accreditation of Test Facilities for AWS Certified Welder Program](#)
- [QC7-93, Standard for AWS Certified Welders](#)
 - [Supplement C- Welder Performance Qualification Sheet Metal Test Requirements](#)
 - [Supplement F- Chemical Plant and Petroleum Refinery Piping](#)
 - [Supplement G- AWS Performance Qualification Test](#)
- [B5.4-2005, Specification for the Qualification of Welder Test Facilities](#)
- [ATF North America Fee Schedule](#)



Accredited Test Facility

Audit and Renewal Application

American Welding Society
550 NW LeJeune Road
Miami, FL 33126
(800 or 305)-443-9353, Ext 448
Fax (305) 443-6445

PLEASE CHECK ONE OF THE FOLLOWING

_____ **First Annual Renewal (Domestic)** **Fee: \$300 USD**

Please indicate if there any revisions in the facility's Staff, Policies, Organizational chart, and/or Operations. Y N

If yes, please submit references to the revision on the QAM or an actual revised copy of the QAM

_____ **Second Annual Renewal (Domestic)** **Fee: \$300 USD**

Please indicate if there any revisions in the facility's Staff, Policies, Organizational chart, and/or Operations. Y N

If yes, please submit references to the revision on the QAM or an actual revised copy of the QAM



_____ **Third Year On-Site Audit*** **Fee: \$2,000 USD (Domestic)****

* Requires submission of a revised QAM or revisions to QAM on file, an On site Checklist and On-site Audit.
** Auditor's travel, lodging and meal expenses will be invoiced to the ATF after completion of the On-site Audit.

THIRD YEAR ON-SITE AUDIT

Please allow 6-8 weeks for On Site Audit scheduling.

Preferred Audit Dates: 1) _____ 2) _____
3) _____ 4) _____



Accredited Test Facility

Audit and Renewal Application

ATF INFORMATION

Facility ATF Certificate #: _____

Facility Name: _____

Facility Representative: _____

Test Supervisor(s): 1) _____ 2) _____

Please list the Welding Procedures Specifications use by the ATF:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Street Address: _____

City: _____ State _____ Zip _____

Phone: _____ Ext _____ Fax: _____

Email: _____

Date of most recent on site Audit: _____

ENCLOSED MATERIALS

Quality Assurance Manual:

Uncontrolled Copy Enclosed Y N

ATF Checklists:

QAM Checklist: Enclosed Y N

On-Site Checklist Enclosed Y N

All documents must be received by AWS for the ATF application package to be considered complete. If any of the documents is missing from the ATF application package, then the ATF package will be consider incomplete. The result of no submitting all of the documents for review will be delays in the accreditation of your facility. An auditor is only assign until the facility has submitted all required documents for review.



Accredited Test Facility

Audit and Renewal Application

APPLICATION FEES

Application Fee	Amount Enclosed	Method of Payment Please Circle one Check / Credit Card / Purchase Order
1 st or 2 nd Annual Renewal (Domestic)	\$300.00	CC Company: _____
3 rd On-Site Audit (Domestic)	\$2,000.00	CC/PO No: _____
		CC Exp Date: _____

Signature

Date

Name (print)

Title

AWS USE ONLY

AWS Account Number: _____



Accredited Test Facility

Audit and Renewal Quality Assurance Manual Checklist

ATF Certificate No: _____

Test Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext.: _____ Fax: _____

Email: _____

Reviewer: _____ Title: _____ Date: _____

ON-SITE and RENEWAL INFORMATION

Is this QAM checklist for a 1st or 2nd annual renewal? Y N

Is this QAM checklist for a 3rd Year On-site Audit? Y N

Since the last on site audit, have there been any revisions affecting the facility's staff, policy or operations? If yes, list changes: Y N

Auditor's recommendations (To be completed by Auditor):

_____ **Approve for Certification**

_____ **Submit corrections to auditor**

_____ **Re - Audit**

Auditor: _____ **Date** _____

A copy of this complete report shall be provided to the facility representative, by the auditor.



Accredited Test Facility

Audit and Renewal Quality Assurance Manual Checklist

QAM CHECKLIST QUESTIONS 1-18

Topic	Q.A.M. Index Section #	Auditor Review of the Manual	Auditor Confirmation of Implementation
		Satisfactory / Unsatisfactory	Satisfactory / Unsatisfactory
1) Does the QA Manual contain a policy statement that clearly asserts that the Test Facility will meet all requirements of codes, specifications or contract documents that they use in their activities?			
2) Specifically, are QC7 and QC4 listed?			
3) Is there an Organizational Chart that includes names of the individuals involved?			
4) Are the Facility Representative and the Test Supervisor specifically designated on the Organization Chart?			
5) Is the Test Supervisor (s) a current CWI? Is the CWI number listed?			
6) Is a single person (QA Manager, supervisor or other designee) assigned the responsibility to verify the Company policy is being complied with?			
7) Does the QA Manager have direct access to Executive Management?			
8) Are the operational and functional duties of the Facility Representative, Test Supervisor, and QA Manager clearly defined?			
9) Are general Quality Control procedures spelled out or incorporated by reference?			
10) Are written procedures and/or checklists available for specific tests or inspections?			
11) Are the written procedures spelled out or incorporated by reference?			
12) Are all required reference documents listed?			
13) Are there formal procedures for handling non-conformances?			

