

	<h1>Eye Exam Report</h1>	
--	--------------------------	--

Two vision assessments shall be required: Near Vision and Color Vision (initial certification and annually). This form must be completed and returned to the NDT Certifying Authority for approval and record keeping.

CANDIDATE'S NAME: Brock Romero

Near Vision-(required for initial and annual certification) to be completed by medically recognized personnel (ophthalmologist, optometrist, physician, nurse, etc.), Level III or delegate.

Near vision Acuity: shall permit reading Times Roman N4.5 (Jaeger number 2)
No less than 12 inches, with one or both eyes, with corrected or uncorrected vision.

I confirm that the candidate:

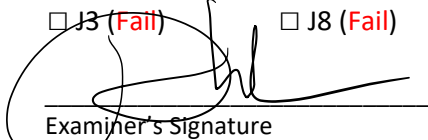
- ✓ (please check one)
- Meets the requirement without correction
 - Meets the requirement with correction
 - Does not meet the requirement

Derrick Landry
Examiner's Name (Please Print/Type)

Quality Manger
Appointment/Title

Jaeger Results

- ✓ (Please check one)
- J1 (pass) J4 (Fail)
 - J2 (pass) J7 (Fail)
 - J3 (Fail) J8 (Fail)


Examiner's Signature

2/1/2024
Date of Eye Examination

NOTE: Customer specifications may require J1 as the minimum acceptance.

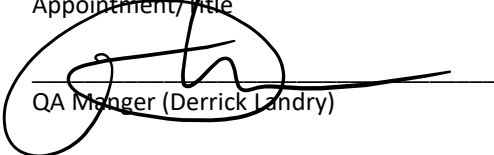
Color Vision (required for initial and annual certification.)
To be completed by medically recognized personnel or certified Level III NDT personnel or delegate.

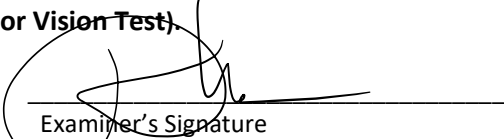
Note: A candidate who passes Pseudo-Isochromatic Color Vision Test is acceptable. As an alternative or in case of a failure of an Pseudo-Isochromatic Color Vision Test, the certified level III NDT personnel may administer a performance test to confirm if the candidate can see flaw indication that are typical of the method. 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.

I confirm that the candidate can distinguish contrast between the colors used in the NDT method(s) concerned as specified by the employer (or passed a Pseudo-Isochromatic Color Vision Test).

Derrick Landry
Examiner's Name (Please Print/Type)

Quality Manager
Appointment/Title


QA Manger (Derrick Landry)


Examiner's Signature

2/01/2024
Date of Eye Examination

2/01/2024
Date of Approval

Note: Company quality manager is required to sign off verifying that the candidate meets vision requirements.