Ε١	/e	Exam	Report	
_ ,	<b>,</b>	LXGIII	11CPOIL	

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: Melvin Porter

**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.

ı	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

**NOTE:** Customer specifications may require <u>J1</u> as the minimum acceptance.

## **Jaeger Results**

√ (Please check one)

□ J4 (Fail)

□ J2 (pass)

☐ J7 (Fail)

□ J3 (Fail)

□ J8 (Fail)

Examiner's Signature

8/22/2024

Date of Eye Examination

## 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

8/22/2024

Date of Eye Examination

8/22/2024

Date of Approval

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