

VISION REQUIREMENTS (PD-C12 issue 07 dated 24th May 2018)

All Decibel candidates and holders of ICP, BQACS, SRAC certification shall have natural or corrected vision satisfying the following minimum requirement:

DECIBEL will recognise the Tumbling E Chart as a satisfactory near vision test please refers to NANDTB 24 & NAS 410 Requirements.

The candidate shall provide documented evidence of satisfactory vision in accordance with the following requirements:

- A. Corrected or uncorrected near-vision acuity shall permit reading **a minimum of Times Roman N 4.5 or equivalent letters** (having a vertical height of not more than 1.6 mm – see note 1) at not less than 30 cm.
- B. Colour vision (see note 2) shall be sufficient that the candidate can distinguish contrast between the colours or shades used in the NDT method concerned as specified by the employer.

Subsequently to certification, the tests of visual acuity shall be carried out at least annually. Records of tests shall be retained by the employer or responsible agency and provided to Decibel upon request. Failure to do so will invalidate all Decibel, ICP, BQACS, SRAC certification.

NOTE 1. Laminated hand held vision test charts are available from a number of suppliers, including the Institute of Optometry*.

NOTE 2. All candidates and holders of DECIBEL certification will be required to have had colour perception assessed by the Ishihara 24 plate test. The test is required every five years. **In the event that a colour perception deficiency, indicated by misreading any of the first 17 plates, is detected during the Ishihara test, a further 'trade test' is to be carried out by the employer to ascertain whether the detected colour perception deficiency affects the individual's ability to perform the NDT for which he is certificated.** This trade test is to be documented and the record of the test made available to DECIBEL upon request.

DECIBEL accepts that a nominated official of a BINDT/BQACS Authorised Qualifying Body, or a ISO 9712/PCN/ASNT Level 3 certificate holder, having documented proof of satisfactory training in the administration of the test, is medically recognised as competent to, and may therefore conduct such tests for candidates and holders of Decibel or associated certification. The ISO 9712/PCN/ASNT level 3 administering the near vision test must provide proof of appropriate training upon request by Decibel.

In such cases as a new medical issue arises candidates are required to undergo further eye examinations as some medical conditions such as diabetes or a major medical condition can affect both near vision and colour perception.

Forms overleaf may be used to record the results of near vision, colour perception and contrast tests.

RECORD OF VISION TESTS FOR DECIBEL TRAINING & CERTIFICATIONS

Name of individual tested: _____ Student ID Number: _____

Address: _____

Telephone: _____ Email: _____

Employer: _____

RESULT OF ISHIHARA COLOUR VISION TEST			
Record the Ishihara test results, and indicate if an alternative (trade) test is suggested.			
Please state number of Ishihara plates correctly interpreted: Failure to record this will result in vision test being rejected (MINIMUM OF FIRST 17)		Record of Ishihara plates failed (the test administrator may, optionally, provide comment on the nature of colour perception deficiency):	
RESULT OF COLOUR VISION TRADE TEST (WHERE NECESSARY - SEE NOTE 2)			
The employer should state the NDT methods and associated colours used by the employee:			
NDT METHOD	ASSOCIATED COLOURS	COLOUR DIFFERENTIATION	CONTRAST DETECTION
RESULT OF NEAR VISION TEST			
(Record the smallest text capable of being read).			
CORRECTED		UNCORRECTED	
Times Roman N: _____, or Jaeger number: _____		Times Roman N: _____, or Jaeger number: _____	
RESULT OF NEAR VISION TEST – Tumbling E Option			
(candidates should correctly identify 5 out of 5 on each line, and lines 1-9)			
UNCORRECTED		UNCORRECTED	
Line 1	Pass/Fail	Line 6	Pass/Fail
Line 2	Pass/Fail	Line 7	Pass/Fail
Line 3	Pass/Fail	Line 8	Pass/Fail
Line 4	Pass/Fail	Line 9	Pass/Fail
Line 5	Pass/Fail		
DETAILS OF PERSON CARRYING OUT AND RECORDING ANY OF THE ABOVE TESTS			
Signature:		Name of tester:	
		Designation:	
Qualification:		Date of test:	
Address or Stamp of the Organisation:			