



RECORD OF VISION TESTS

EX07 doc 2 (rev 8)

TWI Ltd
Granta Park
Great Abington
Cambridge CB21 6AL
United Kingdom

Details of individual tested:		
Name:		
Address:		
Telephone:	Date of Birth:	
Email:	Employer:	
<i>These tests meet the requirements of EN ISO 9712, NAS 410, EN 4179 and SNT-TC-1A These tests are suitable for BGAS, PCN and CSWIP examinations.</i>		
Near Vision Acuity (To be carried out for all candidates).		
Individual shall be capable of reading N4.5 Times New Roman or Jaeger J1 on a standard reading test plate at a distance of not less than 30 cm unaided or corrected in at least one eye or read at least 9 of 10 lines of tumbling E (as per EN ISO 18490) at distance of 400 ± 25 mm by both eyes.		
Tumbling E result: of 10 lines		
UNCORRECTED <input type="checkbox"/>	CORRECTED <input type="checkbox"/>	IS NOT ABLE <input type="checkbox"/>
Colour Perception		
To be carried out on candidates who are using colour perception in in the testing e.g. NDT, Painting inspection etc.		
Colour perception shall be assessed by the Ishihara 24 plate test. Individual shall be able to distinguish contrast between the colours used in the NDT method concerned as specified by the employer. If misreading any of the first 17 plates is detected during the Ishihara test, a further “trade test” is to be carried out by candidate’s employer. The candidate’s employer shall be informed where any colour deficiency is recorded.		
ACCEPT <input type="checkbox"/>	REJECT <input type="checkbox"/>	
Shades of Grey Perception		
To be carried out on candidates who are conducting tests using shades of grey e.g. Radiographic Testing, TOFD etc.		
Shades of grey perception shall be assessed by the Skerik grey scale test or equivalent. Grey scale test can be downloaded from TWI web site. In specific cases the individual shall be able to differentiate shades of grey used in the NDT method (e.g. radiography). If any difficulty is observed, during this test, a further “trade test” is to be carried out by candidate’s employer. Any observed difficulty shall be reported to the employer.		
ACCEPT <input type="checkbox"/>	REJECT <input type="checkbox"/>	
Details of Medically Recognised Person		
Organisation:	Telephone number:	
Name:	Registration or licence number:	
Date of test:	Signature:	Official stamp: