

Meena International Training and Certification Division Vision Test Certificate

Form No.	32
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RECORD OF VISION TESTS

Name of individual tested:	IPC Unique ID:					
Address						
Telenhone:		Fmail				
тетерноне		LIIIdii				
Г	DECIII.	T OF ICHARA C	OLOD VICION TEST			
Record the			OLOR VISION TEST dicate if any alternate test	is used		
Record of number of Ish		Record of Ishihai	ra plates failed (the test administrator may,			
	plates correctly interpreted: This optionally, provide		de comment on the nature of color perception			
information is a mandato		deficiency):				
requirement if not record be considered invalid.	led will					
De considered invalid.						
(MINIMUM OF FIRST 17						
RESULT OF CO	LOUR VIS	ION TRADE TEST	T (WHERE NECESSARY - S nd associated colors used by	the employee:		
		IATED COLORS		CONTRAST DETECTION		
	, 1000		DIFFERENTIATION			
	+					
		RESULT OF NEAR		1		
		the smallest text c	apable of being read).			
CORRECTED		UNCORRECTED				
Times Roman N:; or		; or	Times Roman N:	; or		
Jager Number:			Jager Number:			
	<u> </u>		AND RECORDING ANY OF			
SIGNATURE:		<u></u>	Name of Tester:			
			Date of Test:			
Name of the Organization	and teleph	one number (pleas	se use official stamp if availal	ble):		

For detailed requirements, please refer next page:



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VISION TEST REQUIREMENTS:

All IPC candidates and holders of IPC certification shall have natural or corrected vision satisfying the following minimum requirement:

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 N4.5 or equivalent letters** (having a vertical height of not more than 1.6 mm see note 1) at not less than 30 cm.
- B. Color vision (see note 2) shall be sufficient that the candidate can distinguish contrast between the colors or shades used in the NDT method concerned as specified by the employer.

After certification, the tests of visual acuity shall be carried out at least once in 60 months. Records of tests shall be retained by the employer or responsible agency and provided to IPC upon request. Failure to do so will invalidate all IPC certification

NOTE 1. Laminated hand-held vision test charts are available from several suppliers.

NOTE 2. All candidates and holders of IPC certification will be required to have had color perception assessed by the Ishara 24 plate test. The test is required every five years. In the event that a color perception deficiency, indicated by misreading any of the first 17 plates, is detected during the Ishara test, a further 'trade test' is to be carried out by the employer to ascertain whether the detected color 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 Meena International upon request.

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 color perception.

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

Meena International accepts that an ISO 9712 Level 3 / ASNT Level-3 certificate holder or a medical professional can conduct the eye test.

Physical Fitness Requirements (Applicable only for Renewal & Recertification)

Candidates applying for renewal / recertification by either application or examination shall submit the fitness certificate in the form given in the next page along with their application.

The first part of the physical fitness requirements shall be certified by the employer (immediate supervisor) or customer representative for freelancers.

The second part of the physical fitness requirements shall be certified by a registered (with Medical Council of India or the competent authorities in the country of origin) Medical Practitioner.



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Physical Fitness Part-1

(This Part to be certified who apply for renewal of	•	• •	a custon	ner represer	ntative t	for fr	eelaı	ncer
This is to Certify that recertification of/ / engaged by us for perform the above candidate is p	orming NDT in	the above specified r	method	7 level. We	here by	y cer	tify th	nat
Certified by Name:	Designation:		Signat	ure with dat	e & Co	mpar	ny Se	eal:
(This part to be certifie		sical Fitness P arered Medical Practi		or both em	ployed	& fr	eela	ncer
candidates) This is to Certify that recertification of fit for performing the speaccident.	(Specify	NDT Method) Level	IPC (Certification	is phys	sically	y fit /	not
If physical inability is four to indicate fitness status:		ide details in the follo	owing sp	pace and tick	(appro	priate	e col	umn
Details of Physical Disa	ibility:			[for w		
					Yes		No	
Name of the Medical Pr	ractitioner:	Registration No.:		Signature v	with dat	te & \$	Seal:	: