

Non-Destructive Testing (NDT) Operator – Completion Checklist

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APPRENTICESHIPS

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Apprentice's name: _____

Unique Learner Number (ULN): _____

Apprentice's company name: _____

Date assessment carried out: _____

Have you successfully achieved one NDT method?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Method:
Have you gained the knowledge about product technology and materials in your industry sector?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sector:
Have you gained the knowledge about the consequences of failing to carry out NDT properly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you gained the knowledge required for the assessment of defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you gained health & safety knowledge for your chosen method?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you successfully completed health & safety training, such as confined space, working at heights, etc?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you gained the knowledge and been tested on English and maths at an education level equivalent to GCSE grade A*-C or 9-4?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you completed and reported on your NDT project?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you undergone training in the behaviours listed in the apprenticeship standard?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can you provide a portfolio of evidence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you maintained a record of CPD, together with a forward plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you joined BINDT as an Affiliate Member (online – free)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you think you are ready for your end-point assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you wish to be considered for Engineering Technician registration?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Apprentice's signature: _____ Employer's signature: _____