

PSL/44 VISION REQUIREMENTS – Issue 17

Dated 1st January 2018

Implementation date 1st February 2018

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

PCN will recognise the Tumbling E Chart as a satisfactory near vision test please refer to BS EN ISO 18490 previously NANDTB 24 which has been superseded <http://www.eminspection.co.uk/visiontests/>. (Existing documentation or Tumbling E vision test charts that continue to state NANDTB/24 remain valid but ISO 18490 is the standard that must be adhered to.)

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. Colour vision (see note 2) shall be sufficient that the candidate can distinguish contrast between the colours or shades of grey used in the NDT method concerned as specified by the employer see PSL/44 ANNEX A for employer guidance.

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 PCN upon request. Failure to do so will invalidate all PCN certification.

NOTE 1. Laminated hand held vision test charts are available from a number of suppliers, including the Institute of Optometry*. Further information may be obtained from the Certification Services Division of the British Institute of NDT. *<http://www.ioosales.co.uk/html/practice/eye06B.html>

NOTE 2. All candidates and holders of PCN certification will be required to have had colour perception assessed by the Ishihara 24 plate test. For VT and CRT the candidate is usually required to undergo both the Ishihara and Grey scale tests, however, the employer will need to confirm with the AQB. For Film RT and Film RI the grey scale may be sufficient without the need for the Ishihara plate test, this shall be confirmed by the employer. 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 BINDT 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 colour perception.

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

BINDT accepts that a *nominated official of an Authorised Qualifying Body, a PCN Level 3 certificate holder or other medical professional, having documented proof of satisfactory training in the administration of the test, and is medically recognised as competent to conduct such tests for candidates and holders of PCN certification.

**nominated officials must provide proof of appropriate training upon request by BINDT.*

The British Institute of Non-Destructive Testing is an accredited certification body offering personnel and quality management systems assessment and certification against criteria set out in international and European standards through the PCN Certification Scheme.

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RECORD OF VISION TESTS

Name of individual tested: _____ PCN number: _____

Address: _____

Telephone: _____ Email: _____

Employer: _____

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)	
CORRECTED	UNCORRECTED
Line 1 Pass/Fail Line 2 Pass/Fail Line 3 Pass/Fail Line 4 Pass/Fail Line 5 Pass/Fail Line 6 Pass/Fail Line 7 Pass/Fail Line 8 Pass/Fail Line 9 Pass/Fail	Line 1 Pass/Fail Line 2 Pass/Fail Line 3 Pass/Fail Line 4 Pass/Fail Line 5 Pass/Fail Line 6 Pass/Fail Line 7 Pass/Fail Line 8 Pass/Fail Line 9 Pass/Fail
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 GREY SCALE TEST	
Which grey scale test was used?	Number of correct readings given for Dr Kolbl ONE/TUV/BV Eye Examination (20 minimum) Pass/Fail (delete as appropriate) The Skerik grey scale test: - Contrast modification – It is required that the contrast of 2% and above shall be clearly discriminated on pattern while contrast of less than 1% shall not be visible. Pass/Fail (delete as appropriate)

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 OPTIONAL FAR VISION TEST			
CORRECTED		UNCORRECTED	
Corrected far vision acuity shall have a minimum value of 0.8 (or imperial measurement 6/7.5 i.e. the candidate will be able to read the characters on the line marked 7.5 M-units at a distance of 6 metres). Pass/Fail (delete as appropriate)		Uncorrected far vision acuity shall have a minimum value of 0.8 (or imperial measurement 6/7.5 i.e. the candidate will be able to read the characters on the line marked 7.5 M-units at a distance of 6 metres). Pass/Fail (delete as appropriate)	
DETAILS OF PERSON CARRYING OUT AND RECORDING ANY OF THE ABOVE TESTS			
Signature:		Name of tester:	
		Date of test:	
		Expiry date of test: (note: maximum 12 months from date of test but may be prior to that)	
Organisation and telephone number (please use official stamp if available):			