



## 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: Amir Behvandi

Address:

Telephone: (093) 678 - 1732

Date of Birth: M/D/Y

Email: amirbehvandi01747@gmail.com

Employer:

*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.*

### 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  $400 \pm 25$  mm by both eyes.

Tumbling E result: . None . . . of 10 lines

UNCORRECTED ☐

CORRECTED ☐

IS NOT ABLE ☐

### 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 ☐

REJECT ☐

### 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 ☐

REJECT ☐

### Details of Medically Recognised Person

Organisation:

Telephone number:

Name:

Registration or licence number:

Date of test: M/D/Y

Signature:

Official stamp: