

**WESTERN AERO REPAIR, INC.
REPAIR STATION # W33R587X
1859 JASPER STREET
AURORA, CO 80011
PHONE: 303-343-3223 FAX: 303-340-3496**

SUBCONTRACTOR QUALITY EVALUATION SURVEY – SUPPLEMENT 1

Company Name: _____ **Date:** _____

Note: Used in conjunction with Subcontractor Quality Evaluation Survey WAR 118A. Please take a moment to fill it out and mail to Western Aero Repair, Inc., 1859 Jasper Street, Aurora, CO 80011 or fax to 303-343-4452. Western Aero Repair, Inc. thanks you for your time and prompt attention to this matter.

GENERAL N.D.T. INSPECTION

A) Applicable Documents	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. The following applicable specifications must be available and current:			
<u>Basic</u>			
MIL-STD-410	Qualifications and Certification	_____	_____
ASNT-SNT-TC-1AS	Qualifications and Certification	_____	_____
<u>Penetrant</u>			
MIL-STD-6866	Inspection Process	_____	_____
GT23A	Inspection Process	_____	_____
GP17G	Etching Penetrant	_____	_____
MIL-I-25135 + QPL	Inspection Materials	_____	_____
<u>Magnetic Particle</u>			
MIL-STD-1949	Inspection Process	_____	_____
<u>Radiography</u>			
MIL-STD-43	Inspection	_____	_____
MIL-STD-2175	Casting Classification	_____	_____
<u>Ultrasonic</u>			
MIL-STD-2154	Inspection Process	_____	_____
MIL-I-8950	Inspection Process	_____	_____
GSS 16100	Inspection Aluminum	_____	_____
GSS 16101	Inspection Steel	_____	_____
GSS 16102	Inspection Titanium	_____	_____

B) Personnel Certification

1. Level I and Level II training are accomplished by what:
- _____ Outside Agency. If so, by who? _____
- _____ In House. If so, by who? _____

2. Certification Procedure

This NDT facility shall develop and maintain a qualification and certification program from certifying Level I and Level II personnel.

This procedure shall include:

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Levels of qualification	_____	_____	_____
2. Duties of various levels	_____	_____	_____
3. Training program outlined _____	_____	_____	_____
4. Examination practices	_____	_____	_____

NOTE: Review the documentation. Mandatory for approval.

3. Who is the Level III cognizant over your organization?

4. Is the Level III cognizant person certified by ASNT? _____

5. Certified Personnel:

Name	Level	Certification	Exam Date
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

C) Examinations

1. Qualification criteria for those listed in B.5 (List all that apply)

NOTE: A= Method approved for RT, PT, MT, UT
 B= Grade for General test (70% minimum)
 C= Grade for Specific test (70% minimum)
 D= Grade for Practical test (70% minimum)

1 _____

2 _____

3 _____

2. Are eye test administered yearly?

Test includes reference to:	Passing Jaeger #1	_____	_____	_____
	Color Perception	_____	_____	_____

D) Recertification

- | | | | |
|--|-------|-------|-------|
| 1. Level I and II recertification every three years? | _____ | _____ | _____ |
| 2. Level III recertification every five years? | _____ | _____ | _____ |

E) Miscellaneous

Yes No N/A

1. Are stamps traceable to supplier inspection and method of test?

2. Imprint at least one stamp for each method:

RT

PT

MT

UT