

**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**

<b>A) Applicable Documents</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
1. The following applicable specifications must be available and current:			
<u>Basic</u>			
MIL-STD-410	___	___	___
ASNT-SNT-TC-1AS	___	___	___
<u>Penetrant</u>			
MIL-STD-6866	___	___	___
GT23A	___	___	___
GP17G	___	___	___
MIL-I-25135 + QPL	___	___	___
<u>Magnetic Particle</u>			
MIL-STD-1949	___	___	___
<u>Radiography</u>			
MIL-STD-43	___	___	___
MIL-STD-2175	___	___	___
<u>Ultrasonic</u>			
MIL-STD-2154	___	___	___
MIL-I-8950	___	___	___
GSS 16100	___	___	___
GSS 16101	___	___	___
GSS 16102	___	___	___

**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**