

Liquid Penetrant Testing Procedure Review Checklist
NAVSEA Technical Publication T9074-AS-GIB-010/271 Rev. 0 ACN 1 Dated 16 February 1999

Minimum attributes that are required to be in the procedure	Procedure contains the information?			TP271 Section
	Yes	No	N/A	
Procedure certification statement. (e.g. I certify that this procedure, this procedure is certified to meet the requirements, I attest to the fact that this procedure, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.1
Level III Examiner's signature denoting approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.3
Personnel certification requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.6
Time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4
Procedure demonstration information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.2, 5.4.2.1
Penetrant materials to be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4
Penetrant, emulsifiers, removers, developers on the QPL of AMS-2644.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4
Lighting requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.8
Order of testing (PT before UT).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.1
Materials to be tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.1
Surface preparation / Precleaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.5, 5.6.2
Finished surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4, 5.5.1
Details of method of penetrant application and dwell time (minimum and maximum).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.4
Method A not for use on welds. Method C not for use on threads.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4
Temperature of surface and penetrant during penetration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.3
When applicable, the details of method of removing excess penetrant from the surface, method A (including maximum rinse time).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.5.4
When applicable, the details of method of removing excess penetrant from the surface, method B and D. (including emulsifier application (details from emulsifier manufacturer) and dwell time (minimum and maximum)).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.4.1, 5.6.5.3
When applicable, the details of method of removing excess penetrant from the surface method C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.5.1, 5.6.5.2
Details of surface drying after penetrant removal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.6
Details of method of applying the developer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.7
Length of developing time before inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.7
Post cleaning requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.9
Applicable acceptance criteria. Acceptance criteria shall be self-standing (no references to other documents).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.3

This checklist was developed as a guideline to help EB suppliers achieve first time approval on procedure submittals. The use of this checklist will help to decrease the number of procedure recycles due to omissions from EB S/C 60-67. However, the checklist is not all inclusive and the use of the checklist does not guarantee that the procedure will be approved as specific items such as end use or acceptance criteria may require additional steps. It is suggested that you incorporate this checklist with your internal procedure review process.

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Inspection record requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4.2.2
Other attributes that should be in the procedure	Yes	No	N/A	TP271 Section
If acetone or alcohol was not used as the final pre-cleaning step, the procedure must have the evaporation technique (forced or natural) and the evaporation time and temperature combination(s) for the type of cleaner used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.2
Non-relevant indication determination requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.7.1
Definitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.2

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Magnetic Particle Testing Procedure Review Checklist
NAVSEA Technical Publication T9074-AS-GIB-010/271 Rev. 0 ACN 1 Dated 16 February 1999

Minimum attributes that are required to be in the procedure	Procedure contains the information?			TP271 Section
	Yes	No	N/A	
Procedure certification statement (e.g. I certify that this procedure, this procedure is certified to meet the requirements, I attest to the fact that this procedure, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.1
Level III Examiner's signature denoting approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.3
Personnel certification requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.6
Time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4
Procedure demonstration information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.2, 4.3.1.2
Lighting requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.1.1.1
Equipment accuracy checks (calibration) interval requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.1.7
Surface preparation (finishing and cleaning).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4, 4.3.1.4, 4.3.1.4.1
Inspection through coatings requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.1.3
Method for determining maximum coating thickness (if any).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.1.3
Material shapes and sizes to be inspected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.1.2(a)
Type of magnetization to be used (circular, longitudinal, or both).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note 1
Direction of magnetization to be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.1.5
Equipment to be used for magnetization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.2.1.1,
Whether wet or dry method to be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.2(Wet) 4.3.3(Dry)
Particle application and removal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.2.5, 4.3.3.2, 4.3.3.2.1, 4.3.3.2.2
Type of magnetic particles to be used (e.g. Magnaflux 8A, Circle 778, Met-L-Chek WCP-81, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.2.1, 4.3.3.1
Suspension concentration requirements for wet method.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.2.6.1
Suspension liquid vehicle requirements for wet method (e.g. Magnaflux Carrier II, Circle Sol M, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.2.2
Whether continuous or residual method used, wet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.2.5.1, 4.3.2.5.2
Whether continuous or residual method is used, dry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.3.4.3
Magnetizing current (amps, alternating current [AC] or direct current [DC]) requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.1.8, 4.3.2.5.5, 4.3.2.5.7, 4.3.3.3.4

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Prod or yoke overlap requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.3.4.1, 4.3.3.4.2
Complex shape requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.1.8, 4.3.3.3.3
Demagnetization requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.1.6
Arc strikes requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.7
Examination record requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.1.9
Post cleaning requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.2.2.1
Applicable acceptance criteria. Acceptance criteria shall be self-standing (no references to other documents).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.3
Other attributes that should be in the procedure	Yes	No	N/A	TP271 Section
Non-relevant indication determination requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.5
Evaluation of indications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.4
Definitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.2

Note 1: The technical publication does not give specific guidance about what information must be included to satisfy this requirement, section 4.3.1.2 only requires that the information be included.

Visual Testing Procedure Review Checklist

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Minimum attributes that are required to be in the procedure	Procedure contains the information?			TP271 Section
	Yes	No	N/A	
Procedure certification statement (e.g. I certify that this procedure, this procedure is certified to meet the requirements, I attest to the fact that this procedure, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.1
Level III Examiner's signature denoting approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.3
Personnel certification requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.6
Time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4
Lighting requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.7
Type of welds or surfaces to be inspected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note 1, Note 2
Specific measuring devices to be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note 1
Visual aids, reference standards, workmanship standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.2
List of inspection attributes (visual characteristics).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note 1
Classification of defects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note 1
Applicable acceptance criteria. Acceptance criteria shall be self-standing (no references to other documents).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.3
Inspection record requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.4
Other attributes that Should be in the procedure	Yes	No	N/A	TP271 Section
Procedure demonstration information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.2.

Note 1: The technical publication does not give specific guidance about what information must be included to satisfy this requirement, section 8.3 only requires that the information be included.

Note 2: This requirement can be satisfied by simply offering an opening statement to the effect that this procedure specifies the requirements for performing the visual inspection of completed fabrication weldments in accordance with (enter applicable specification).

Ultrasonic Testing Procedure Review Checklist

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Minimum attributes that are required to be in the procedure	Procedure contains the information?			TP271 Section
	Yes	No	N/A	
Procedure certification statement (e.g. I certify that this procedure, this procedure is certified to meet the requirements, I attest to the fact that this procedure, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.1
Level III Examiner's signature denoting approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.3
Personnel certification requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.6
Time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4
Procedure qualification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.2, 6.5.2.1
Instrument model(s) allowed for the inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.4
Equipment qualification method or reference to a qualification procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.5.1
Frequency of basic instrument qualification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.5.1.4
Surface finish.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.3.2
Material, shape, or sizes to be tested or to be exempt from testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.1
Automatic defect alarm and recording equipment or both.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note 1
Special search units, wedges, shoes, or saddles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note 1
Rotating, revolving feeding mechanisms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note 1
Stage of manufacture when test will be performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.3
The surface from which the test shall be performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent on material and method
Couplant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.3.4
Description of calibration standard including number, hole size, notch description and when rechecks are required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.3.6, 6.6.1 thru 6.8.4.4
Calibration method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.3.6, 6.6.1 thru 6.8.4.4
Type of attenuation correction used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.6.4.3.3.
Scanning (speed, overlap, continuous, from what surface, sketches, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.3.3, 6.6.1 thru 6.8.4.4
Mode of transmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.6.1 thru 6.8.4.4
Transducer size, frequency and angle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.6.1 thru 6.8.4.4
Discontinuity evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.5.3
Flaw Plotting for bond testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.8.6

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Method of recording inspection results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.5.4, 6.6.4.5
Applicable acceptance criteria. Acceptance criteria shall be self-standing (no references to other documents).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.3
Other attributes that Should be in the procedure	Yes	No	N/A	TP271 Section
The test method for which type of material. (e.g. forgings, castings, rolled or extruded shapes, bar stock, plate, weldments, pipe and tubing, bonded materials, and metal sheet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.3
Definitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2
For immersion testing: alignment, angle, water path.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-

Note 1: The technical publication does not give specific guidance about what information must be included to satisfy this requirement, section 6.5.2 only requires that the information be included.

Radiographic Testing Procedure Review Checklist

NAVSEA Technical Publication T9074-AS-GIB-010/271 Rev. 0 ACN 1 Dated 16 February 1999

Minimum attributes that are required to be in the procedure	Procedure contains the information?			TP271 Section
	Yes	No	N/A	
Procedure certification statement (e.g. I certify that this procedure, this procedure is certified to meet the requirements, I attest to the fact that this procedure, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.1
Level III Examiner's signature denoting approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.3
Personnel certification requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.6
X-ray machine information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.3.2.1(a)
Isotope source information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.3.2.1(b)
Film viewing facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.10, 3.4.11
Film viewing equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.11.1
Density-measuring equipment used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.11.1(e)
Surface preparation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.12
Direction of radiation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.1
Screens and filters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.2
Film type (e.g. Agfa D4, Carestream M100, Fuji IX80, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.3
Film density.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.3.2
Film Quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.3.1
Source to film distance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.6
Radiographic location markers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.7
Film identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.8
Interpretation of radiographs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.14
Penetrameters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.5
Penetrameter material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.5.1
Penetrameter selection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.5.4
Number, location, and placement of penetrameters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.5.5
Number of penetrameters and placement for welds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Table IV
Shims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.6
Radiographic quality levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.7
Single wall and double wall radiography.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.8
Film processing method / Darkroom facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.10
Radiography of repair welds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.9

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Radiography of castings and forgings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.10
Dissimilar metal welds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.5.1.1
Radiographic records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.9, 3.4.15
Other attributes that Should be in the procedure	Yes	No	N/A	TP271 Section
Multiple film techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.4.3.3
Radiography of parts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.5.5.4
Extent of radiographic testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.3.1
Procedure qualification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.2
Applicable acceptance criteria. Acceptance criteria shall be self-standing (no references to other documents).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.3
Definitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.2

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Eddy Current Testing Procedure Review Checklist

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Minimum attributes that are required to be in the procedure	Procedure contains the information?			TP271 Section
	Yes	No	N/A	
Procedure certification statement (e.g. I certify that this procedure, this procedure is certified to meet the requirements, I attest to the fact that this procedure, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.1
Level III Examiner's approval/signature of procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.3
Personnel certification requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.6
Time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4
Material to be tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note 1
Summary of process used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note 1
Surface finish.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.3.1.2
Equipment description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.4
Performance verification description / Calibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.5
Surface preparation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.3.1.2
Normalization technique.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.5
Scanning technique.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.6
Evaluation of test results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.7
Inspection record requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.3.3
Applicable acceptance criteria. Acceptance criteria shall be self-standing (no references to other documents).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.3
Other attributes that Should be in the procedure	Yes	No	N/A	
Procedure qualification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7.2

Note 1: The technical publication does not give specific guidance about what information must be included to satisfy this requirement, section 7.3.2 only requires that the information be included.