Company:

**USAGE NOTE:**

**In questions where N/A is grayed out choose YES or NO. An “R” added beside the checkbox to identify information that is required to be included in procedure. Make sure this information gets added to the procedure prior to submittal for approval.**

Procedure:

Revision:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **“MINIMUM” (SHALL) ATTRIBUTES REQUIRED** | | | | |
| **Has this information been included in the procedure?** | | | **SUBJECT** | **TP271**  **Para.** |
| **YES** | **NO** | **N/A** |
| R |  |  | Procedure certification statement signed by the Level III Examiner. | 1.7.1 |
| R |  |  | Level III Examiner’s approval/signature of procedure. | 1.7.3 |
| R |  |  | MT personnel certification requirements. | 1.6 |
| R |  |  | Lighting requirements. | 4.3.1.1.1 |
| R |  |  | Surface preparation (finishing and cleaning). | 4.3.1.4 |
| R |  |  | Inspection through coatings requirements. | 4.3.1.3 |
| R |  |  | Method for determining maximum coating thickness (if any) | 4.3.1.3 |
| R |  |  | Material, shapes and sizes to be inspected. | 4.3.1.2(a) |
| R |  |  | Type of magnetization to be used. | Circular or Longitudinal, or Both |
| R |  |  | Direction of magnetization to be used. | 4.3.1.5 |
| R |  |  | Equipment to be used for magnetization. | 4.3.1.5 |
| R |  |  | Whether wet or dry method to be used. | (Wet) Para. 4.3.2 (Dry) Para. 4.3.3 |
| R |  |  | Method of dry particle application and removal. | 4.3.3.2 & 4.3.3.2.1 |
| R |  |  | Type and requirements for magnetic particles to be used. | 4.3.2.1 & 4.3.3.1 |
| R |  |  | Suspension concentration and liquid vehicle req.s for wet method. | 4.3.2.6.1 |
| R |  |  | Whether continuous/residual method used. | (Wet) 4.3.2.5.1 & 4.3.2.5.2  (Dry) 4.3.3.4.3 |
| R |  |  | Magnetizing current (amps, AC or DC) requirements. | 4.3.2.5.5, 4.3.2.5.7& 4.3.3.3.4 |
| R |  |  | Demagnetization requirements. | 4.3.1.6.1 |
| R |  |  | Sketches or chart showing the typical inspection grid to be used. | 4.3.3.4.1 & 4.3.3.4.2 |
| R |  |  | Applicable acceptance criteria. | MIL-STD-2035A for Example |
| **ATTRIBUTES THAT “SHOULD” BE IN PROCEDURE** | | | | |
| **YES** | **NO** | **N/A** |  | |
|  |  |  | Time of inspection | 1.4 |
|  |  |  | Equipment accuracy checks (calibration) interval requirements. | 4.3.1.7 |
|  |  |  | Prod/yoke overlap requirements. | 4.3.3.4.1 |
|  |  |  | Complex shape requirements. | 4.3.1.8 |
|  |  |  | Non-relevant indication determination requirements. | 4.2.3 & 4.5 |
|  |  |  | Arc strikes requirements. | 4.7 & 4.7.1 |
|  |  |  | Post cleaning requirements. | 4.6 |
|  |  |  | Inspection record requirements. | 4.3.1.9 |