

# GENERAL DYNAMICS

Electric Boat

Resource-01608  
Supplier NDT Procedure Review Checklists  
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The enclosed checklists are not all inclusive of the information that shall be included in testing procedures, it is only the minimum required by Electric Boat requirements. It is the responsibility of the Examiner to fill in steps that are required to be performed during testing but are not listed in these checklists or the technical publication. As an example of a step that the Examiner shall provide, the Technical Publication requires that adequate lighting be utilized for visible liquid penetrant testing and visible magnetic particle testing, it is the Examiners responsibility to include the steps that are going to be taken to obtain the adequate lighting required by the technical publication. These checklists are not designed to be utilized with MIL-STD-2132, NAVSEA 250-1500-1, or commercial standards (ASME, ASTM, etc.) and do not replace the minimum procedure requirements contained in MIL-STD-2132 and NAVSEA 250-1500-1 but they can be utilized as an aid in developing procedures to these standards.

Electric Boat purchase order standard clause 60-67 requires that any portion of a performance specification that has the word “shall”, must be included in the testing procedure. The requirement will add more than the minimum required in the pertinent section of the performance specification (e.g. 3.3.2 for radiography).

For ultrasonic testing, simple shapes are bars and rods (round, hexagon, square, etc.), rings (rolled on a ring roller), hollow cylindrical shapes (pierced and expanded), discs, pancake shapes, pipe/tubes, and plates. Shapes other than those listed above and parts with features will need specific instructions pertaining to how the parts are to be tested.

For liquid penetrant testing, when utilizing the water washable technique, you need to give all of the rinse details, not just the pressure and temperature of the water. You need to list the maximum rinse time, whether it is a clock time or the status of the part. For the post emulsifiable technique, you need to include all of the steps that are utilized during the removal process, including times for each step(s). If an aqueous developer is being utilized, the application steps must be included in the procedure. Stating that you will follow the manufacturer’s recommendations is not acceptable for any penetrant testing steps.

For magnetic particle testing and liquid penetrant testing, any system performance checks that are performed prior to testing need to be included in the testing procedure. If the performance checks are contained in a separate procedure, the procedure needs to be referenced in the testing procedure.

Furthermore, if you are not performing a technique within a testing method (e.g. not utilizing a radioactive source for radiography) the steps required for the technique do not need to be included in the testing procedure.

If you are performing testing with a procedure that is outside of the requirements in the performance specification, NAVSEA approval of the testing procedure will be required.

Electric Boat specification 2678 requires verbatim compliance with the purchase order requirements. The definition for “Contract Compliance” which can be found in Appendix C of the specification states that “Contract Compliance – is meant to be “Verbatim compliance”, i.e., word for word compliance whether the requirement is in the written word or drawing form.”

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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.

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

**Procedure number:** \_\_\_\_\_ **Revision:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Addendum number:** \_\_\_\_\_ **Revision:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Minimum attributes that are required to be in the procedure	Procedure contains the information?			Procedure section	TP271 Section	Peer Reviewer Initials
	Sat	Unsat	N/A			
1. Has the procedure been previously submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	_____		_____
2. If the procedure was previously submitted, has the revision level and date been changed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	_____		_____
3. Procedure identified by a unique procedure number, date and revision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
4. Was the procedure written to the correct performance specification? (verify the required performance specification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
5. Procedure certification statement. (e.g. I verify 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	_____
6. Level III Examiner's signature denoting approval. (electronic signatures shall meet the requirements from EB Spec 2678)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.7.3	_____
7. Personnel certification requirements. (certified to SNT-TC-1A as modified by TP-271)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.6, S/C 60-67 E.1	_____
8. Time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.4	_____
9. Material type to be tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	S/C 60-67 E.2	_____

10. For welds in HY or HSLA materials, does the procedure have the required wait time prior to testing? (8 hours, 24 hours, 7 days) (TP-1688 Table 6-1, 6-2, 6-3) (When PT is used in lieu of MT TP-1688 8.5.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Brand name and manufacturer's identifying designation of the cleaning material (solvent) to be utilized for the pre-cleaning of the parts. "or equivalent" is not acceptable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5.4.2(b)
12. Brand name and manufacturer's identifying designation of all penetrant materials to be used. "or equivalent" is not acceptable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5.4.2(a)
13. Penetrant, emulsifiers, removers, developers on the latest edition of the qualified products list (QPL) of AMS-2644.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5.4
14. Verify that the materials in the procedure are on the qualified products list, QPL-AMS2644.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5.4
15. Total halogens and sulphur of each material shall be not greater than 1 percent by weight of the residue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5.4
16. For in use material's (in open tanks), the periodic tests (daily, monthly, quarterly) that are being performed to verify the materials are acceptable for use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5.4.1
17. Lighting requirements for visible materials. The procedure cannot just list "adequate lighting", the procedure needs to identify how adequate lighting is going to be achieved. (Use of auxiliary lighting, number foot candles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5.6.8
18. When visible LED lights are utilized, approval of the type of LED light required by Examiner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5.6.8
19. When performing testing with Fluorescent materials, the procedure shall identify the minimum intensity of the ultraviolet light, not less than 800 mWcm <sup>2</sup> on the surface.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5.6.8

20. When performing testing with Fluorescent materials, the procedure shall identify how a darkened area is being satisfied (e.g. area where testing is being performed less than 10 foot candles white light, blacked out with tarps, room without the lights on, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	5.6.8	_____
21. If an LED ultraviolet light is being utilized, the procedure needs to identify the warm up procedure for the light.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	5.6.8	_____
22. When performing testing with Fluorescent materials, the procedure shall identify the steps to be taken to allow for the Inspectors eyes to adjust to the darkened area prior to evaluating the part for indications. (dark adaptation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
23. Surface preparation / Pre-cleaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	5.5, 5.6.2	_____
<sup>24.</sup> 26. If acetone or alcohol is <b>not</b> used as the final cleaning step, the procedure must have the evaporation technique (forced or natural) and the evaporation time and temperature combination(s) (verified through testing) for the type of cleaner used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	5.6.2	_____
27. Finished surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.4, 5.5.1	_____
28. Details of method of penetrant application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	5.6.4	_____
29. Details of penetrant dwell time (minimum and maximum).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	5.6.4	_____
30. 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	_____
31. Penetrant testing prior to ultrasonic testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	5.6.1	_____
32. Temperature of surface and penetrant during penetration. (should indicate that the temperature shall be maintained throughout the testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	5.6.3	_____

33. When applicable, the details of method of removing excess penetrant from the surface, method A (including maximum rinse time). The time may not be listed in minutes, it could be listed as "the penetrant removal shall stop when all traces of penetrant have been removed from the surface when viewed with an ultraviolet light".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.5.4	_____	_____
34. When applicable, the details of method of removing excess penetrant from the surface for methods B and D. (including emulsifier application (details from the emulsifier manufacturer shall be included in the testing procedure, not a reference to the manufacturer's instructions.) and dwell time (minimum/maximum)).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.4.1, 5.6.5.3	_____	_____
35. Water spray details. (coarse water spray at not less than 12" at an angle oblique angle, water pressure not greater than 40 psig water temperature not greater than 100° F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
36. When applicable, the details of method of removing excess penetrant from the surface for method C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.5.1	_____	_____
37. For method C, flushing of surface with solvent after penetrant application not allowed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.5.2	_____	_____
38. Details of surface drying after penetrant removal including the maximum drying time. (details from the manufacturer for surface drying may be included in the testing procedure, not a reference to the manufacturer's instructions.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.6	_____	_____
39. Details of how the developer will be applied to the part. (dipping, dust booth, spraying, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.7	_____	_____
40. For non-aqueous developer, method for agitation of the developer prior to application (e.g. vigorously agitate the spray can a minimum of 30 seconds after the ball starts to rattle).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.7.1	_____	_____
41. Length of developing time before inspection. (minimum and maximum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.7	_____	_____
42. Post cleaning requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.9	_____	_____



**Magnetic Particle Testing Procedure Review  
Checklist**

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

**Procedure number:** \_\_\_\_\_ **Revision:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Addendum number:** \_\_\_\_\_ **Revision:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	Procedure contains the information?			Procedure Section	TP271 Section	Peer Reviewer Initials
	Sat	Unsat	N/A			
<b>Minimum attributes that are required to be in the procedure</b>						
Has the procedure been previously submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	_____		_____
If the procedure was previously submitted, has the revision level and date been changed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Procedure identified by a unique procedure number, date and revision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Procedure certification statement (e.g. I verify 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. (electronic signatures shall meet the requirements from EB Spec 2678)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.7.3	_____
Personnel certification requirements. (certified to SNT-TC-1A as modified by TP-271)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.6, S/C 60-67 E.1	_____
Time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.4	_____
The following definitions for Indication, Non-relevant indications, and Relevant indications as a minimum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.2	_____
For HY or HSLA materials, does the procedure have the required wait time prior to testing? (8 hours, 24 hours, 7 days) (TP-1688 Table 6-1, 6-2, 6-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Lighting requirements. The procedure cannot just list "adequate lighting", the procedure needs to identify how adequate lighting is going to be achieved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.1.1.1	_____

When visible LED lights are utilized, approval of the type of LED light required by Examiner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.1.1.1	_____
When performing testing with Fluorescent materials, the procedure shall identify how a darkened area is being satisfied (e.g. area where testing is being performed less than 10 foot candles white light, blacked out with tarps, room without the lights on, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.1.1.1	_____
If an LED ultraviolet light is being utilized, the procedure needs to identify the warm up procedure for the light.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.1.1.1	_____
When performing testing with Fluorescent materials, the procedure shall identify the steps to be taken to allow for the Inspectors eyes to adjust to the darkened area prior to evaluating the part for indications. (dark adaptation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Equipment accuracy checks (calibration) interval requirements. (Amp meter and yoke lift test interval (MIL-I-45208))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.1.7	_____
The maximum amount of residual magnetism allowed in the part prior to testing (strong remnant field).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.1.6.1	_____
The method for demagnetizing if the part contains a strong remnant field from a previous operation including the amount of residual magnetism that would require demagnetizing prior to testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.1.6	_____
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). (if the procedure states that testing may be performed with a coating in place, the procedure is required to have the instructions pertaining to how the coating will be measured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.1.3	_____
Material type to be tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.1.2(a)	_____

Shape of parts to be tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4.3.1.2(a)	
Sizes of parts to be tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4.3.1.2(a)	
Inspection zone for welds (welds and 1/2" on each side of the weld).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4.3.1.1	
Type of magnetization to be used (circular, longitudinal, or both).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Note 1	
Two direction of magnetization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4.3.1.5	
Equipment to be used for magnetization. (e.g. Parker B-300, Magnaflux H-700, Gould-Bass 1560W, etc. "or equivalent" is not acceptable.)	<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)	
Wet Particle application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4.3.2.5, 4.3.3.2, 4.3.3.2.2	
Wet Particle removal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4.3.3.2.1	
Dry Particle application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4.3.2.5, 4.3.3.2, 4.3.3.2.2	
Dry Particle removal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4.3.3.2.1	
Type of magnetic particles to be used (e.g. Magnaflux 8A, Circle 778, Met-L-Chek WCP-81, etc. "or equivalent" is not acceptable.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4.3.2.1, 4.3.3.1	
Agitation of the wet particles (other than stationary unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4.3.2.6.1	

The steps that are going to be taken to perform the suspension concentration measurement for the wet method. (it cannot be a copy of the steps in TP-271, the supplier needs to identify how they are performing it)	<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. "or equivalent" is not acceptable.).	<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, alternating current [AC] or direct current [DC] requirements. AC magnetization only for yokes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note 1
Coil Magnetizing current, amps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.2.5.7 Note 2
Circular (direct/indirect) Magnetizing current, amps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.2.5.5 Note 2
Prod Magnetizing current, amps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.3.3.4 Note 2
For multi-directional and multi-vector equipment, the steps for the use of a QQI for verification of the field (use of pie gauge is not acceptable). The testing procedure shall be submitted to the Supervisor of Shipbuilding for approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prod or yoke overlap requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.3.4.1, 4.3.3.4.2
Information pertaining to the system that will be utilized to positively demonstrate that overlap is being obtained during testing (marking grid on part, marking the leg placement locations, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.3.4.1, 4.3.3.4.2
Yoke leg maximum and minimum spacing requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3.3.3.3

Prod spacing minimum and maximum requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.3.3.4	_____
Magnetization with center conductor, area of inspection on the surface cannot be greater than four times (4X) the diameter of the center conductor,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.1.8, 4.3.3.3.3	_____
Complex shape requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.1.8, 4.3.3.3.3	_____
Sketches or a chart showing the typical inspection grid to be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Note 1	_____
Evaluation of indications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.4	_____
The maximum gauss measurement acceptable after testing is complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.1.6.1	_____
How the part will be demagnetizing after the completion of testing if demagnetization is required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.3.1.6	_____
Arc strikes requirements (arc strikes from bench, prods, clamps, etc. not welding)	<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"/>	_____	4.6	_____
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	_____
Non-relevant indication determination requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4.5	_____

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.

Note 2: When calculating the amperage for magnetization while developing your technique sheet you are required to use the largest cross section of the part for the calculation. For fasteners the largest cross section would be the distance from opposing corners on the head of the fastener, not the flats. In addition, you will need to calculate an amperage for each different thickness of the part for each direction of magnetization that will be utilized.



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

**Procedure number:** \_\_\_\_\_ **Revision:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Addendum number:** \_\_\_\_\_ **Revision:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Minimum attributes that are required to be in the procedure	Procedure contains the information?			Procedure Section	TP271 Section	Peer Reviewer Initials
	Sat	Unsat	N/A			
Has the procedure been previously submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	_____		_____
If the procedure was previously submitted, has the revision level and date been changed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Procedure identified by a unique procedure number, date and revision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Procedure certification statement (e.g. I verify 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. (electronic signatures shall meet the requirements from EB Spec 2678)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.7.3	_____
Personnel certification requirements. (certified to SNT-TC-1A as modified by TP-271)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.6, S/C 60-67 E.1	_____
Time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.4	_____
Lighting requirements. The procedure cannot just list "adequate lighting", the procedure needs to identify how adequate lighting is going to be achieved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	8.7	_____
When visible LED lights are utilized, approval of the type of LED light required by Examiner.	<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	_____

Calibration of measuring and test equipment (M&TE).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8.6	
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	
The maximum distance the eyes can be away from the weld/part (e.g. 24 inches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Note 1	
The minimum angle the eyes must be from the surface to be inspected (e.g. 30 degrees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Note 1	
Indirect visual testing (equipment, acceptance, comparison to reference standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8.5	
Visual attributes for inspecting titanium welds (if used for titanium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		TP-278	
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	
If there is welding on titanium, the titanium color acceptance criteria shall be included. (TP-278 10.3.13 or other specification)	<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	
<b>Other attributes that Should be in the procedure (optional)</b>				<b>Procedure Section</b>	<b>TP271 Section</b>	<b>Peer Reviewer Initials</b>
<b>Definitions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1.5	

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

**Procedure number:** \_\_\_\_\_ **Revision:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Addendum number:** \_\_\_\_\_ **Revision:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Minimum attributes that are required to be in the procedure	Procedure contains the information?			Procedure Section	TP271 Section	Peer Reviewer Initials
	Sat	Unsat	N/A			
Has the procedure been previously submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	_____		_____
If the procedure was previously submitted, has the revision level and date been changed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Is the procure for UT of castings? If it is for UT of castings it must have a scan plan and be sent to SUPSHIP for approval (TP-1688 - 15.3, TP-278 - 12.3.5).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Procedure identified by a unique procedure number, date and revision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Procedure certification statement (e.g. I verify 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. (electronic signatures shall meet the requirements from EB Spec 2678)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.7.3	_____
Personnel certification requirements. (certified to SNT-TC-1A as modified by TP-271)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.6, S/C 60-67 E.1	_____
The following definitions for angle beam weld testing, as a minimum: Acoustically similar material, ARL, Calibration, Continuous scan, DRL, Full screen height, Peak Indication, Reference calibration standard, Ultrasonic test sensitivity, Ultrasonically sound material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.2	_____

The following definitions for base material testing, as a minimum: Acoustically similar material, ARL, Calibration, Continuous scan, Full screen height, Peak indication, Reference calibration standard, Ultrasonic test sensitivity, Ultrasonically sound material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2
Time of inspection / Stage of manufacture when test will be performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4
For weld testing of HY or HSLA materials, does the procedure have the required wait time prior to testing? (8 hours, 24 hours, 7 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TP-1688 Table 6-4
The Instrument model(s) allowed for the inspection. "or equivalent" is not acceptable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S/C 60-67 E.2
Does the procedure address that a single transducer shall be utilized for the instrument qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.5.1.1
Equipment qualification method or reference to a qualification procedure. "ASTM E317 or other approved method" not allowed, must identify the actual method to be utilized. If the testing procedure references a separate qualification procedure, the qualification procedure must be submitted if it is not already on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.5.1, S/C 60-67 E.2
Does the procedure identify the correct acceptance criteria for the basic instrument qualification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.5.1.1
Does the procedure identify that the Resolution is being checked on a standard that is equal to or greater than the thickness of the material to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.5.1.1.1.3
For thickness testing, equipment qualification method or reference to a qualification procedure. If the testing procedure references a separate qualification procedure, the qualification procedure must be submitted if it is not already on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.5.1.3
Frequency of basic instrument qualification. (6 months max.)	<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 type to be tested or to be exempt from testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.1	_____
Shape of parts to be tested or to be exempt from testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.1	_____
Sizes of parts to be tested or to be exempt from testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.1	_____
If utilized, automatic defect alarm and recording equipment or both.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Note 1	_____
Mode of transmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.1 thru 6.8.4.4	_____
Transducer size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.1 thru 6.8.4.4	_____
Transducer frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.1 thru 6.8.4.4	_____
Transducer angle for angle beam testing, the refracted beam angle for the contact method and the incident beam angle for the immersion method. (if the procedure has both straight and angle beam, must include both angles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.5.1.2, 6.6.1 thru 6.8.4.4	_____
For contact angle beam testing, when knowledge of the exit point is integral to the exam, the method for verification of sound exit point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.5.1.2	_____
For contact angle beam testing, the method for verification of testing angle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.5.1.2	_____
For contact testing, the angle of the transducer shall be within 3° of the designated angle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.5.1.2	_____
If utilized, special search units, wedges, shoes, or saddles. (this would include any focused search units)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Note 1	_____
If utilized, rotating, revolving, feeding mechanisms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Note 1	_____

The surface from which the test shall be performed. (May be identified on scan plan, technique sheet, figures, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent upon material and method, Note 1
Couplant. (The actual couplant to be utilized, not just the description of couplant from TP-271, "or equivalent" is not acceptable.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.3.4
The couplant that is utilized for the calibration is the same as the couplant utilized during the testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Table VI note 6
Description of calibration standard for the appropriate application. (Preferably include a sketch of the standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S/C 60-67 E.2
For longitudinal wave base material testing, calibration standard thickness within 1/8" of part.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note 3 table VI
For angle beam base material testing, calibration standard thickness same nominal thickness of the part.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For base material testing, calibration standard curvature similar to part curvature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note 3 table VI
For longitudinal wave base material testing, calibration standard hole diameter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4, Table VI
For longitudinal wave base material testing, calibration standard hole depth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4, Table VI
For angle beam base material testing, calibration standard notch size and description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4, Table VII
When calibration rechecks are required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.3.6
When performed, details of the calibration method for shear wave testing of rings (simple shape).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.6.1.2.1
When performed, details of the calibration method for longitudinal wave testing of rings (simple shape).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.6.1.2.3.1

When performed, details of the calibration method for longitudinal wave testing of rectangular forgings (simple shape).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.1.3.1	_____
When performed, details of the calibration method for longitudinal wave testing of bars, disc, and pancake forgings (simple shape).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.1.4.1	_____
When performed, details of the calibration method for shear wave testing of plate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.2.2.1	_____
When performed, details of the calibration method for longitudinal wave testing of plate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.2.3	_____
When performed, details of the calibration method for shear wave testing of pipe and tube.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.3.2	_____
For base material testing, settings cannot be changed after calibration for forged, wrought, and extruded material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.1	_____
When performed, details of the calibration method for thickness testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.7.2	_____
When performed, details of the calibration method of bond testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.8.3	_____
When performed, details of the calibration method bond testing of non-parallel surface.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.8.4.3	_____
When performed, details of the calibration method for forgings that are other than a simple shape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Note 1	_____
When performed, details of the calibration method for butt welds, corner welds, tee welds for discontinuities into the through member, and tee weld volumetric inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.4.3.3	_____
When performed, details of the calibration method for detection of lack of penetration in full penetration tee welds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.4.4.1.2	_____

When performed, details of the calibration method for detection of discontinuities into the through member of tee joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.4.4.2.3	_____
When utilized, the steps for setting the distance amplitude correction (DAC) curve, the time corrected gain (TCG), or time varied gain (TVG).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.5.2(i), Note 1	_____
Scanning speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.3.3	_____
Percent of overlap from one pass to the next to be utilized while testing (except when not required by base material specification).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.3.4	_____
Scanning sketch for base material testing, (used to convey any pertinent information such as testing surface, scanning direction, direction of wave propagation, part dimensions, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Note 1	_____
When performed, scanning method for shear wave testing of rings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.1.2.2	_____
When performed, scanning method for longitudinal wave testing of rings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.1.2.3.2	_____
When performed, scanning method for longitudinal wave testing of rectangular forgings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.1.3.2	_____
Scanning method for longitudinal wave testing of bars, disc, and pancake forgings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.14.2	_____
When performed, scanning method for shear wave testing of Plate and sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.2.2	_____
When performed, scanning method for longitudinal wave testing Plate and sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.2.3.2	_____
When performed, scanning method for shear wave testing of pipe and tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.3.3	_____

When performed, scanning method for forgings that are other than a simple shape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Note 1	_____
When performed, scanning method Butt and Corner Welds and the Volumetric Inspection of Tee Welds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.4.3.4	_____
When performed, scanning method for Transverse discontinuities (special case).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.4.3.5	_____
When performed, scanning method for detection of lack of penetration in full penetration tee welds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.4.4.1.3	_____
When performed, scanning method for Detection of discontinuities into the through member of tee joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.4.4.2.4	_____
When performed, scanning method for Volumetric inspection of full penetration tee welds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.4.4.3	_____
When testing for back wall echo, the method for setting up the back echo attenuator or the method for performing a separate scan. If the acceptance talks about 50% loss of back wall, the procedure should mention how they are monitoring for the loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
For angle beam weld testing, the method utilized for differentiating non-relevant (geometric) from relevant indications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Note 1	_____
For angle beam weld testing, lamination scan of the base material for base material discontinuities that will interfere with the angle beam testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.4.2.1	_____
For angle beam weld testing, the method for determining indication length.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.4.3.4.4	_____
For angle beam weld testing, the method for determining indication depth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.4.3.4.4	_____
For angle beam weld testing, the method for determining indication position within the weld zone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6.6.4.3.4.4	_____

Compressional wave testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6.6.4.3.4.3	
Flaw Plotting for bond testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6.8.6	
Maximize the signal from discontinuity for evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6.5.3	
Removal of couplant at the end of testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6.3.4	
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	
If the procedure is for testing a forging that is other than a simple shape (simple shapes are bar, ring, disk, pancake, or rectangular), the procedure shall include specific instructions for calibration and testing. The shape of the forging shall be considered as a whole, not individual features on the forging. Selection of a test method or combination of methods shall be based upon the configuration and the orientation of expected discontinuities in the items to be inspected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6.3, 6.3.1	
For immersion testing: Method for obtaining search unit alignment (normalization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Note 1	
For immersion testing: Instructions for setting water path.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Note 1	
Any other variables or requirements which may affect ultrasonic test results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<b>Other attributes that Should be in the procedure (optional)</b>	<b>Sat</b>	<b>Unsat</b>	<b>N/A</b>		<b>Procedure Section</b>	<b>TP271 Section</b>	<b>Peer Reviewer Initials</b>
Scanning sketch for base material testing, (used to convey any pertinent information such as testing surface, scanning direction, direction of wave propagation, part dimensions, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Note 1	

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

**Procedure number:** \_\_\_\_\_ **Revision:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Addendum number:** \_\_\_\_\_ **Revision:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Minimum attributes that are required to be in the procedure	Procedure contains the information?			Procedure Section	TP271 Section	Peer Reviewer Initials
	Sat	Unsat	N/A			
Has the procedure been previously submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	_____		_____
If the procedure was previously submitted, has the revision level and date been changed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Procedure identified by a unique procedure number, date and revision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Procedure certification statement (e.g. I verify that this procedure, this procedure is certified to meet the requirements, I attest this procedure meets, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.7.1	_____
Level III Examiner's signature denoting approval. (electronic signatures shall meet the requirements from EB Spec 2678)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.7.3	_____
Personnel certification requirements. (certified to SNT-TC-1A as modified by TP-271)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.6, S/C 60-67 E.1	_____
Statement pertaining to what the procedure will be utilized for (weld, castings, or casting repairs, etc.) and the radiation source (x-ray or isotope).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.4	_____
Inspection of heat treated items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.3.1.2	_____
Inspection of machined items / castings and forgings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.3.1.3	_____
Inspection of weldments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.3.1.4	_____

Definition for Material Thickness $T_m$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.2.1	_____
Definition for Specimen Thickness $T_s$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.2.4	_____
Definition for Maximum Effective Radiation Source Dimension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.2.2	_____
For HY or HSLA materials, does the procedure have the required wait time prior to testing? (8 hours, 24 hours, 7 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	(TP-1688 Table 6-4)	_____
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)	_____
Maximum voltage settings and source type for the material type and thickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.4.5	_____
Darkroom facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.4.10	_____
Film processing method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Note 1	_____
Film viewing facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.4.11	_____
Film viewing equipment. (e.g. LCNDT FV-2010, Cassia DL-1417, etc. "or equivalent" is not acceptable.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.4.11.1	_____
Density-measuring equipment used. (e.g. X-Rite 301, ESECO SM-10T, etc. "or equivalent" is not acceptable.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.4.11.1(e)	_____
Densitometer daily check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.4.11.1(e), Note 1	_____
Densitometer periodic (90 day) calibration steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.4.11.1(e), Note 1	_____
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"/>	<u>                    </u>	3.4.1	<u>                    </u>
Intensifying screens including type and thickness to be utilized (i.e. .005 Pb front, .010 Pb back)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.2(a)	<u>                    </u>
Front filters including type, thickness, and location (i.e. .020" thick copper placed on the x-ray tube).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.2(b)	<u>                    </u>
Back filters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.2(c)	<u>                    </u>
1/2" lead letter "B"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.2(c)	<u>                    </u>
If masking is being utilized, when to utilize masking, where it is placed, and type of material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.2	<u>                    </u>
Film type (e.g. Agfa D4, Carestream M100, Fuji IX80, etc. "or equivalent" is not acceptable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.3	<u>                    </u>
Film Quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.3.1	<u>                    </u>
Film density.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.3.2	<u>                    </u>
Multiple film techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.3.3	<u>                    </u>
Source to film distance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.6	<u>                    </u>
Film not in contact with specimen. (Note, verify the wording states to "multiplied" by the ratio not "increased" by the ratio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.6.2	<u>                    </u>
Reduced source to film distance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.6.3	<u>                    </u>
Radiographic location markers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.7	<u>                    </u>
Film identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.4.8	<u>                    </u>
Penetrameters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>                    </u>	3.5	<u>                    </u>

Penetrameter material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.1	_____
Dissimilar metal welds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.1.1	_____
Penetrameter dimensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.2	_____
Penetrameter identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.3	_____
Circular penetrameter number placement (only required with high energy radiation sources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.3.2	_____
Penetrameter selection for welds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.4.1	_____
Penetrameter selection for castings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.4.2	_____
Penetrameter location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.5.1	_____
Number of penetrameters and placement for welds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Table IV	_____
Film-side penetrameter technique (double-wall exposure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.5.1.1	_____
Film-side penetrameter technique (single-wall exposure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.5.1.2	_____
When utilizing Ir-192, film side penetrameter requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.5.1.2	_____
Separate block technique.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.5.1.3	_____
Density requirements for castings and forgings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.5.2	_____
Penetrameter requirements for welds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.5.3	_____
Shims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.6	_____
Shims for backing ring welds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.6.1	_____
Shims for consumable insert welds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.6.2	_____

Radiographic quality levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.7	_____
X-Ray radiography quality level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.7.1	_____
Isotope radiography quality level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.7.2	_____
Single wall radiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.8.1	_____
Double wall radiograph / Single wall viewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.8.2.1	_____
Double wall radiography / double wall viewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.8.2.2	_____
Radiography of casting repair welds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.9	_____
Radiography of castings and forgings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.10	_____
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	_____
Interpretation of radiographs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.4.14	_____
Radiographic records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.4.9, 3.4.15	_____
<b>Other attributes that Should be in the procedure (optional)</b>	<b>Sat</b>	<b>Unsat</b>	<b>N/A</b>	<b>Procedure Section</b>	<b>TP271 Section</b>	<b>Peer Reviewer Initials</b>
Examples of typical film blemishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.4.3.1	_____
Radiography of other metals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.1.2	_____
Radiography of parts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3.5.5.4	_____

Note 1: The technical publication does not give specific guidance about what information must be included to satisfy this requirement, section 3.3.2 only requires that the information be included. In addition, paragraph 1.7 of TP-271 requires that testing shall be performed in accordance with written procedures which identifies that the testing procedure shall contain all of the steps to perform the testing.



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

**Procedure number:** \_\_\_\_\_ **Revision:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Addendum number:** \_\_\_\_\_ **Revision:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Minimum attributes that are required to be in the procedure	Procedure contains the information?			Procedure Section	TP271 Section	Peer Reviewer Initials
	Sat	Unsat	N/A			
Has the procedure been previously submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	_____		_____
If the procedure was previously submitted, has the revision level and date been changed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Procedure identified by a unique procedure number, date and revision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Procedure certification statement (e.g. I verify 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. (electronic signatures shall meet the requirements from EB Spec 2678)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.7.3	_____
Personnel certification requirements. (certified to SNT-TC-1A as modified by TP-271)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.6, S/C 60-67 E.1	_____
Time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1.4	_____
Material to be tested (type of alloy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Note 1	_____
Summary of process used (Volumetric, non-volumetric, steps utilized to perform testing).	<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	_____

