

	<b>Formulario de verificación NDT.</b> <b>PRELIMINARY SCREENING QUESTIONNAIRE</b> <b>(NDT ORGANIZATION)</b>
	<b>Aseguramiento de Calidad / Quality Assurance</b>

The attached questionnaire is to be completed and forwarded together with any additional information to:

**LINK CONEXIÓN AÉREA S.A. DE C.V.**

DBA: TAR or TAR México

Address: BLVD. BERNARDO QUINTANA CS9800 INT. B706 PISO 7 COL. CENTRO SUR, QUERÉTARO, QUERÉTARO.

[www.tarmexico.com](http://www.tarmexico.com)

**Quality Assurance Department**

Or e-mail to;

 [mcruz@tarmexico.com](mailto:mcruz@tarmexico.com)



**Mario Cruz**  
 Gerente de Compras/  
 Purchasing manager  
 T +52 (442) 291 9150 ext:1150  
 M +52 (442) 252 6995  
[tarmexico.com](http://tarmexico.com)

En el supuesto de que, por este medio, usted proporcione datos personales sujetos a la normatividad vigente, le informamos que éstos podrán ser tratados por Link Conexión Aérea, S.A. de C.V., Nombre Comercial TAR Transportes Aéreos Regionales (en lo sucesivo "TAR"), con domicilio para oír y recibir notificaciones en Blvd. Bernardo Quintana CS9800, B-706C, Centro Sur Querétaro, Querétaro 76090, México, en caso de que fuera necesario para cumplir con la finalidad para la cual usted nos ha enviado dicha información. Para conocer nuestro aviso de privacidad íntegral visite nuestra página <http://www.tarmexico.com>

This questionnaire is based on TAR quality system requirements and FAR Part 145.

**NOTE: All information provided as a result of this process is considered confidential.**

**GENERAL INFORMATION**

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 e-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

QUESTIONNAIRE COMPLETED BY:  
 NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PERSON RESPONSIBLE FOR QUALITY CONTROL/ ASSURANCE:  
 NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TOTAL YEARS IN THE BUSSINESS: \_\_\_\_\_

**PRIMARY MANAGERS**  
 AT MAIN OFFICES:  
 CEO or Chairman: \_\_\_\_\_



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Aseguramiento de Calidad / Quality Assurance

Quality Director: \_\_\_\_\_

**Company name:** \_\_\_\_\_

**AT LOCAL FACILITIES**

	Name:	Title:	Phone/Fax:
Director:			
Acc Manager			

Technical Manager:	
Production Manager:	
Inspection Manager:	
Business Manager:	

**HUMAN RESOURCES**

Total Employees (Firm): \_\_\_\_\_ Number in Aeronautics/Aerospace: \_\_\_\_\_

Total Employees (Branch): \_\_\_\_\_ Number in Aeronautics/Aerospace: \_\_\_\_\_

*Breakdown by job classification:*

Please state the number of employees

Executives and engineers: \_\_\_\_\_

Master technicians with FAA/CAA authorisation: \_\_\_\_\_

Administrators: \_\_\_\_\_

Manual labourers: \_\_\_\_\_

*Breakdown by area of activity: (Please state the number of employees)*

Administration:

Quality Control: \_\_\_\_\_ Quality Assurance: \_\_\_\_\_

Business & Marketing: \_\_\_\_\_

Research & Development: \_\_\_\_\_

Work Methods: \_\_\_\_\_

Purchasing/Provisioning: \_\_\_\_\_

Production: \_\_\_\_\_

Inspection: \_\_\_\_\_

After Sales: \_\_\_\_\_



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<b>1</b>	<b>CERTIFICATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1.1	Does Repair Organization hold a FAA repair Organization certificates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	FAA Air Agency Certificate Number:			
1.3	Does Repair Organization hold a AFAC certificate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	AFAC Air Agency Certificate Number:			
1.5	Other Certificates:  <b>If you are an approved Repair Station, Please enclose copies of approvals (and forward them to the e-mail contact).</b>			

Remarks:

<b>2</b>	<b>GENERAL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
2.1	Does the Organization only perform work for which is authorized on its operation specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Non-aircraft parts, material and/or maintenance activities are adequately segregated from the aircraft materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Does the organization have a documented man-hour plan showing that the organization has sufficient staff to perform the maintenance activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	If the organization intends to perform work at another location on a regular basis, does the manuals include procedures for conditions, responsibilities, tool & equipment, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>3</b>	<b>QUALITY CONTROL / QUALITY ASSURANCE</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
3.1	Are there an established quality assurance / quality control system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Are the QA/QC manuals current and available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Does Repair organization have an internal independent audit system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Does the audit program assure appropriate compliance with manufacturer/regulatory standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Does the quality system assure appropriate corrective actions on deficiencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Does the organization have procedures for control of sub-contractors and/or suppliers? (Including person responsible of such procedure and audit planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7	Does the organization have a list of approved sub-contractors and/or suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8	Does the organization have a procedure for reporting defect, unairworthy conditions and suspected unapproved parts to the customer and the regulatory agency as applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>4</b>	<b>INSPECTION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
4.1	Does the organization have a roster identifying all inspection personnel and their capabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Does the organization have a documented receiving inspection system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Does the organization establish and maintain proficiency of inspection personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Does the organization perform final inspection and return to service of services provided and signed by the level II?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Are procedures in place to define the visual inspection process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Are procedures in place to ensure inspection is documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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4.7	Are precautions taken to ensure that procedures that can adversely affect visual inspection are not performed prior to the inspection process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8	Is adequate lighting available for the tasks at hand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.9	Is adequate time allowed for eye adaptation when changes in light intensity occur (going from dark to light areas or vice versa)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.10	Is a training program in place for visual inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.11	Are procedures in place to ensure that visual inspectors possess natural or corrected near distance acuity in at least one eye capable of 20/25 (Snellen) at 14" to 18" or equivalent and Color Vision Requirements capable of adequately distinguishing and differentiating colors used in the process involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.12	Are inspectors using specific targets rather than scanning a particular area (i.e., looking at individual rivets as opposed to scanning a lap splice)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.13	Are flashlights of appropriate quality and intensity used for the inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.14	Are appropriate safety approvals in place for use when recommended in hazardous atmospheres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.15	Are borescopes, fiberscopes, and other remote viewing equipment properly stored and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16	Do inspectors have proper training for the instruments they are using?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>5</b>	<b>TECHNICAL DATA</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
5.1	Does the organization hold and use current applicable maintenance data in the performance of NDT inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Do records reflect the current revision status of technical data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Are there established approved procedures controlling revisions in manuals deviating from OEM specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Is the technical data properly identified and readily available for use when required by maintenance personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>6</b>	<b>SHELF LIFE / LIFE LIMIT PROGRAM</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
6.1	Does the organization have a documented life limit program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Does the organization carry out documented procedures for control of items that have shelf life limitations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Is there an adequate system to assure that no item will be used or issued past its expiration date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>7</b>	<b>TOOLS &amp; TEST EQUIPMENT CALIBRATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
7.1	Does the organization have a documented tool calibration program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Is there a system to identify each tool, calibration frequency and calibration due date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Is measuring and test equipment traceable to an officially recognized standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Does the organization have a procedure to control the calibration of personal tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5	Does the organization have a procedure for controlling and/or preventing out-of-service and due calibration tools/equipment from being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:



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<b>8</b>	<b>TRAINING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
8.1	Are training requirements identified in the manual for the methods used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Are training, qualification, and certification done in accordance with criteria such as: <input type="checkbox"/> SNT-TC-1A Recommended Practice for Personnel Qualification and Certification in Nondestructive Testing <input type="checkbox"/> MIL Standard 410-E <input type="checkbox"/> ATA 105 <input type="checkbox"/> AIA NAS 410/ En4179 <input type="checkbox"/> FAA AC 65-31/A <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Are there procedures for maintaining training records for NDI personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4	Is there a procedure to include OJT requirements and is it recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5	Is there a procedure to include demonstration of performance and is it recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6	Is all data pertinent to individual training/certification/recertification on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.7	Is there a procedure for recertification/decertification of NDI personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>9</b>	<b>HOUSING AND FACILITIES</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
9.0	Facility description  NDI work area size _____ Number of NDI inspectors (by level if appropriate): Total _____ NDI subcontractors (list subcontractors utilized and type of inspection authorized) _____ _____ _____ Type of equipment: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1	Is the size of the NDI work area sufficient to perform the NDI inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Is there adequate work area for the storage and separation of NDI materials? (equipment, standards, chemicals, supplies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Is there a method for controlling and segregating nonconforming NDI equipment and materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Are appropriate manuals, procedures, and other documentation available for use by qualified personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Are adequate parts handling systems (cranes, hoists, lifts, etc.) available to the inspectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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9.6	Do routing documents specify the operations needed and in what sequence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.7	Is adequate protection provided to parts during handling and routing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.8	Is metal-metal contact of finished surfaces prevented during handling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.9	Are obsolete documents removed from inspection areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>10</b>	<b>STORAGE AND SHIPPING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
10.1	Does facility have an area for proper storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Are storage facilities separated from shop and work areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3	Are parts and materials properly identified and properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.4	Does facility follow manufacturer storage and shipping recommendations or as specified by customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.5	Does facility have a quarantine area for rejected parts and materials awaiting disposition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.6	Does facility have documented procedures for proper management of electrostatic sensitive devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.7	Does the organization verify that identifying data (P/N, S/N, nomenclature, etc) on the documentation and data plate match?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>11</b>	<b>MAINTENANCE RECORDS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
11.1	Are preliminary reports provided to the customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.2	Do preliminary reports include density (X-Ray only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.3	Does the organization retain detailed maintenance records to show that all requirements for the signing of a maintenance release have been met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.4	Are final reports signed by the certificated Level 2 inspector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.5	Do final reports include conclusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.6	Are final reports signed by the certificated Level 2 inspector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>12</b>	<b>Liquid penetrant inspection</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
12.1	Is the proper light (black light or visible light) used for the penetrant inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2	Is proper light intensity determined on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3	Are proper dwell times, dry times, and temperatures followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.4	Are gages, thermometers, and timers used to control the process adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.5	Are procedures followed properly to ensure that penetrant is not removed from cracks when excess penetrant is being removed from the surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.6	Is the examining area free of interfering debris and "stray" fluorescent materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.7	Are procedures in place to assure inappropriate mixing of solutions (penetrants, emulsifiers and developers) does not occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.8	Are tanks protected from possible contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.9	Are procedures in place to ensure precleaning and postcleaning is performed properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.10	Is the correct penetrant sensitivity being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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12.11	Are test panels used to verify system performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.12	Are surface preparation procedures properly performed (e.g., paint removal)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.13	Are process controls in place for each step of the procedure and are they checked at regular intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.14	Is the penetrant solution compared to a standard for brilliance and color?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>13</b>	<b>Magnetic particle</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
13.1	Are procedures in place to ensure that only ferromagnetic materials will be inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.2	Is the correct light type (visible or black light) used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.3	Are procedures in place to magnetize the component in sufficient orientations to ensure that all flaws are found?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.4	Is a reference standard(s) available to measure magnetic field strength?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.5	Are procedures in place for demagnetization of the part?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.6	Are procedures in place to remove paint or coatings if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.7	Is black light intensity checked on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.8	Is the examining area free of interfering debris and "stray" fluorescent materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.9	Are appropriate maintenance procedures for the inspection equipment followed as recommended in the equipment manuals or required by the facility's documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.10	Are surface preparation procedures properly performed (e.g., paint removal)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.11	Is bath concentration measured using established procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.12	Are reference standards taken through the same procedure as a part, including demagnetization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.13	Are procedures in place to ensure that particles which have lost their color or have become stuck together are discarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.14	Can the magnetization equipment obtain the required amperage specified by the procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.15	Are the solvents used approved by the manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.15	Are central conductors used to inspect circular parts if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.15	Is the equipment capable of adequately demagnetizing the part?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.17	Is there a documented cleaning process to be followed prior to inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.18	Does the known defect test part have defects of similar or smaller size than the smallest acceptable size for the part being inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.19	When the defect test part is processed, is the defect revealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.20	Does suspension of magnetic particles adequately wet the part?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.21	Is suspension checked for contamination at established intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.22	After processing, are parts cleaned to remove evidence of magnetic substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.23	Are parts demagnetized and checked with a field meter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.24	Are detailed written procedures available for each part?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.25	Is each step of the procedure signed off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.26	Do adequate procedures exist for calibrating equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>14</b>	<b>Eddy current testing</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
14.1	Are appropriate probes and instrumentation being used as called for in the established procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2	Are appropriate procedures being followed to set up the instrument using reference standards of the same material and geometry as the test piece before each inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3	Is scan direction chosen to ensure that the probe scans across the potential crack direction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.4	Are recommended templates and guides being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.5	Do qualified personnel have proper training for the instrument they are using (meter vs. impedance plane)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.6	Are inspectors careful to minimize probe wobble during scanning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.7	If protective tape is used during the inspection, is it also used during setup and calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.8	Are procedures in place to ensure that defective probes are removed from service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.9	Are recommended maintenance and calibration procedures being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>15</b>	<b>Ultrasonic inspection</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
15.1	Are appropriate transducers and couplants being used as called for in the established procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.2	Are appropriate procedures being followed to set up the instrument using appropriate reference standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3	Do inspectors have proper training for the equipment and procedures being utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4	Are procedures in place to ensure defective transducers and equipment are removed from service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.5	Are transducers placed properly as defined by the inspection procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.6	Are recommended maintenance and instrument calibration procedures being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.7	Are procedures in place to ensure glycerin is not used on aluminum materials as it causes corrosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.8	Are precautions taken to ensure air bubbles do not exist in immersion inspection systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.9	Are equipment records available for preventative maintenance checks reflecting frequency, results, and accuracy of axis movements in immersion systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.10	Are there sufficient setup standards for all parts being inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.11	Is there a procedure which includes an inspection plan for each part being inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

<b>16</b>	<b>NDT X-Ray</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
16.1	Does the facility use x-ray radiography (electronic generators)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.2	Does the facility use gamma radiography (isotope sources)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.3	Are safety procedures in place for the handling and use of ionizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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LINK CONEXIÓN AÉREA S.A. DE C.V.

BLVD. BERNARDO QUINTANA CS9800 INT. B706 PISO 7 COL. CENTRO SUR, QUERÉTARO, QUERÉTARO.

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**Formulario de verificación NDT.  
PRELIMINARY SCREENING QUESTIONNAIRE  
(NDT ORGANIZATION)**

**Aseguramiento de Calidad / Quality Assurance**

	radiation?			
16.4	Are radiation areas marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.5	Is mandatory regulatory guidance available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.6	Are written procedures available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.7	Are procedures which specify tube voltage, tube current, and exposure time or isotope source and exposure time available and adhered to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.8	Are required film types available and properly handled and stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.9	Are procedures in place to ensure film is not mishandled or switched?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.10	Are procedures in place to ensure that recommended source to film distances called for in the procedure are used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.11	Are procedures in place to ensure proper alignment of the x-ray generator with respect to the part being inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.12	Are procedures in place to ensure that film processing chemicals and film are properly stored and used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.13	Are required image quality indicators (IQIs) available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.14	Are adequate darkroom facilities available and are they properly maintained and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.15	Are recommended maintenance procedures followed for light boxes and illuminators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.15	Are evaluation criteria provided which include type, size, shape, orientation, and location of flaw?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.15	Are accept/reject criteria available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.17	Is adequate handling equipment available for the parts to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.18	Is the film read and evaluated prior to return to service for the part, plane, or engine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.19	Is there a program in place to monitor radiation exposure (film badges, dosimeters, survey meters, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.20	Are temperature controls in place and operable on processing equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.21	Are timing devices in place and operable on processing equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.22	Are replenishing devices in place and operable on processing equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.23	Is film viewing equipment in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.24	For reading radiographs, is background illumination controllable to a maximum of 2.5 foot candles of ambient light?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.25	Is adequate information indicated on the film?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

*Please check that all the information was properly filled out previous printing and signing the above statement. (Please add any additional information that you consider may be helpful)*

The undersigned hereby certifies that all information above is accurate.

NAME AND SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_