

CHECKLIST FOR MT PROCEDURE

MIL-STD-2132D, Appendix A

(Dry Powder Technique)

Company: _____

Procedure: _____

Revision: _____

USAGE NOTE:

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

Has the subject information been included in the procedure?				"MINIMUM" (SHALL) ATTRIBUTES REQUIRED	
App #	YES	NO	N/A	SUBJECT	MIL-STD 2132D, Para.
10	<input type="checkbox"/> R	<input type="checkbox"/>		Scope	6.1.1 & 6.1.2
20	<input type="checkbox"/> R	<input type="checkbox"/>		Safety Precautions	Organization/Manufacturer
30	<input type="checkbox"/> R	<input type="checkbox"/>		Equipment	6.1.13
40	<input type="checkbox"/> R	<input type="checkbox"/>		Personnel	4.1 & 10 (All)
50	<input type="checkbox"/> R	<input type="checkbox"/>		Test Coverage	
60	<input type="checkbox"/> R	<input type="checkbox"/>		Surface Preparation and Pre-Test Cleaning	6.1.7, 6.1.8, 6.1.8.1 & 6.1.8.2
70	<input type="checkbox"/> R	<input type="checkbox"/>		Magnetic Particles	6.1.3
80	<input type="checkbox"/> R	<input type="checkbox"/>		Lighting	6.1.10, 6.1.10.1 & 6.1.10.2
90	<input type="checkbox"/> R	<input type="checkbox"/>		Magnetization Methods	6.2.8 & 6.2.9
90.1	<input type="checkbox"/> R	<input type="checkbox"/>		Direct (Prods, Leeches, etc) Method	6.2.8 & 6.3.4
90.1.1	<input type="checkbox"/> R	<input type="checkbox"/>		Applications and Current	6.1.5, 6.1.6 & 6.3.4.1.4
90.1.2	<input type="checkbox"/> R	<input type="checkbox"/>		Electrode Placement	6.3.4.1.1 & 6.3.4.1.2
90.1.3	<input type="checkbox"/> R	<input type="checkbox"/>		Area of Inspection	6.3.4.1.3
90.1.3.1	<input type="checkbox"/> R	<input type="checkbox"/>		Lateral Inspection Area	6.3.4.1.3.1
90.1.3.2	<input type="checkbox"/> R	<input type="checkbox"/>		In-Line Electrode Overlap	6.3.4.1.3.2
90.2	<input type="checkbox"/> R	<input type="checkbox"/>		Indirect (Yoke) Method	6.3.6
90.2.1	<input type="checkbox"/> R	<input type="checkbox"/>		Applications	6.3.6 & 6.3.6.1
90.2.2	<input type="checkbox"/> R	<input type="checkbox"/>		Equipment	6.3.6.2
90.2.3	<input type="checkbox"/> R	<input type="checkbox"/>		Area of Inspection	6.3.6.3
90.2.4	<input type="checkbox"/> R	<input type="checkbox"/>		In-Line Leg Overlap	6.3.6.4
90.3	<input type="checkbox"/> R	<input type="checkbox"/>		Continuous Method	6.3.1
90.4	<input type="checkbox"/> R	<input type="checkbox"/>		Direction of Magnetization	6.1.4
90.5	<input type="checkbox"/> R	<input type="checkbox"/>		Complex Shapes	
100	<input type="checkbox"/> R	<input type="checkbox"/>		Particle Application	6.3.1.1
100.1	<input type="checkbox"/> R	<input type="checkbox"/>		Applying Particles	6.3.1.1, 6.3.2 & 6.3.2.1
100.2	<input type="checkbox"/> R	<input type="checkbox"/>		Removal of Excess Particles	6.3.3
110	<input type="checkbox"/> R	<input type="checkbox"/>		Grid Pattern Testing (Including Figure A)	
120	<input type="checkbox"/> R	<input type="checkbox"/>		Arc Strikes	6.1.9
130	<input type="checkbox"/> R	<input type="checkbox"/>		Demagnetization	6.1.11
140	<input type="checkbox"/> R	<input type="checkbox"/>		Post-Test Cleaning	6.1.12
150	<input type="checkbox"/> R	<input type="checkbox"/>		Acceptance Standards	6.1.15
160	<input type="checkbox"/> R	<input type="checkbox"/>		Nonrelevant Indications	6.1.14
160.1	<input type="checkbox"/> R	<input type="checkbox"/>		Surface Roughness	6.1.14.1

160.2	<input type="checkbox"/> R	<input type="checkbox"/>		Indication In Weld Craters (250-1500-1)	6.1.15
160.3	<input type="checkbox"/> R	<input type="checkbox"/>		Recurring Indications	6.1.14.2 & 6.1.14.3
160.4	<input type="checkbox"/> R	<input type="checkbox"/>		Disposition	6.1.15