

**QUALITY ASSURANCE RECEIPT INSPECTOR  
QUALIFICATION CARD**

**QAI-01-1, Rev. 3  
Page 1 of 11**

**CANDIDATE:** \_\_\_\_\_ **COMPANY/DEPT.:** \_\_\_\_\_

**BADGE#:** \_\_\_\_\_ **DATE STARTED:** \_\_\_\_\_ **INT.** \_\_\_ **REQUAL** \_\_\_

**NOTE:** **ALL SIGNATURES MUST BE IN REPRODUCIBLE INK. BLACK INK IS PREFERRED.**

**APPROVAL:** This Qualification Card is approved for use.

ER Allen 3-1-06  
Section Manager / Date

**FORMAT:** This Qualification Card has been reviewed and meets format requirements in effect.

WJ [Signature] 3/1/06  
Training Manager / Date

**GENERAL INSTRUCTIONS:**

This qualification card is to be completed by all QA Receipt Inspector trainees prior to assuming duties as a QA Receipt Inspector. A Subject Matter Expert (SME), qualified to conduct the training and qualification verification, will provide the initial qualification program indoctrination and qualification training.

All SME signatures must be made by an approved Subject Matter Expert. The signatures indicate the trainee has satisfactory knowledge and/or has demonstrated the ability to perform the tasks indicated.

The QAI-01 series of qualification cards are to be completed in the sequence of QAI-01-1, then QAI-01-2, ending with QAI-01-3. All items must be completed unless deletion is indicated by the Cognizant Manager with initials, date, and reason for each item deleted.

The sections of this Qualification Card are divided into the following parts:

- A. Classroom Training
- B. Required Reading
- C. Knowledge
- >D. On-The-Job Training (20 hours)
- E. Practical Performance

This Qualification Card will normally be retained by the trainee until completed. When completed it must be routed to Training for review, approval and retention.

**QUALITY ASSURANCE RECEIPT INSPECTOR  
QUALIFICATION CARD**

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**QUALIFICATION LIMIT:** This qualification is valid for two years.

**REQUALIFICATION:** Competency statements that must be completed during requalification are designated with an asterisk (\*).

“Greater than” symbol, “>”, indicates the last revision to the text of this qualification card.

**REFERENCES:**

1. WP 13-QA1003, Quality Assurance Source/Receipt Inspections
2. ASME NQA-1
3. WP 13-1, Washington TRU Solutions LLC Quality Assurance Program Description
- >4. WP 04-IM1000, Issues Management Program Processing of WIPP Forms
5. WP 13-QA3004, Nonconformance Report
6. WP 13-QA.05, Suspect Counterfeit Items Program
- >7. WP 15-PS3002, WTS Controlled Document Processing
- >8. Helium Leak Testing Job Hazard Analysis (JHA)
- >9. Penetrant Testing JHA
- >10. Magnetic Particle Testing JHA
- >11. Industrial Scientific ITX Multi-Gas Monitor Instruction Manual
- >12. WP 12-IH1828, Air Quality Monitoring Procedure
- >13. Environmental Chamber Operation JHA
- >14. Bag Sealing Operations JHA
- >15. WP 13-QA1006, Quality Assurance Plant Inspections

**NOTE:** Each SME involved in the trainee validation of this qualification card shall print and sign their name on the following blanks. The signatures indicate the SME has read and complied with WP14-TR3308.

---

Printed Name

SME Signature / Date

---

Printed Name

SME Signature / Date

**QUALITY ASSURANCE RECEIPT INSPECTOR  
QUALIFICATION CARD**

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<b>A.    <u>CLASSROOM TRAINING</u></b>	<u>Training Coordinator / Date</u>
1.    Current General Employee Training (GET-20X)	_____
2.    Compressed Gas Cylinder Safety (SAF-619)	_____
3.    Fall Prevention (SAF-641)	_____
4.    Current Electrical Safety (ELC-103)	_____
5.    Suspect Counterfeit Items Training (SCI-101)	_____

- B.    REQUIRED READING**
- 1.    WP 13-QA1003, Quality Assurance Source and Receipt Inspections
  - 2.    WP 13-1, Washington TRU-Solutions LLC Quality Assurance Program Description, Section
  - >3.   WP 04-IM1000, Issues Management Program Processing of WIPP Forms
  - 4.    WP 13-QA3004, Nonconformance Report
  - 5.    WP 13-QA.05, Suspect Counterfeit Items Program
  - >6.   Industrial Scientific ITX Multi-Gas Monitor Instruction Manual
  - >7.   WP 12-IH1828, Air Quality Monitoring Procedure
  - >8.   Helium Leak Testing JHA
  - >9.   Penetrant Testing JHA
  - >10.  Magnetic Particle Testing JHA
  - >11.  Environmental Chamber Operation JHA
  - >12.  Bag Sealing Operations JHA
  - >13.  WP 13-QA1006, Quality Assurance Plant Inspections
  - >14.  WP 12-IS.01, Industrial Safety Program - Structure and Management
  - >15.  WP 12-IS.01-1, Industrial Safety Program - Postings, Warnings, & Hazard Identification
  - >16.  WP 12-IS.01-2, Industrial Safety Program - Lockout/Tagout & Non-Electrical Energy Hazards
  - >17.  WP 12-IS.01-3, Industrial Safety Program - Equipment and Tools
  - >18.  WP 12-IS.01-4, Industrial Safety Program - Emergency and Personal Protective Equipment
  - >19.  WP 12-IS.01-5, Industrial Safety Program - Hazardous Locations and Working Surfaces
  - >20.  WP 12-IS.01-7, Industrial Safety Program - General Electrical Safety
  - >21.  WP 12-SA3130, Reporting Occupational Injuries, Illnesses, and Close Calls

**B. REQUIRED READING Continued**

- >22. WP 15-PC3609, Preparation of Purchase Requisitions and Purchase Requisition Change Notices

All required reading has been completed.

\_\_\_\_\_  
Candidate Signature / Date

**C. KNOWLEDGE**

SME SIGNATURE / DATE

- |   |     |   |            |
|---|-----|---|------------|
| * | 1.  | Explain where to find instructions for performing receipt inspections. (Ref. 1)                                 | _____<br>/ |
| * | 2.  | Explain what information should be documented in the Integrated Financial Management System. (Ref. 1)           | _____<br>/ |
| * | 3.  | Discuss the minor correctable discrepancies that the Inspector may return an item to Material Control. (Ref. 1) | _____<br>/ |
| * | 4.  | Explain when an NCR would be issued in reference to a receipt item. (Ref. 1)                                    | _____<br>/ |
| * | >5. | Explain when a NCR Hold Tag would be used. (Ref. 5)   | _____<br>/ |
| * | >6. | Explain when a QA Hold Tag would be used. (Ref. 5)  | _____<br>/ |
| * | 7.  | Explain what elements shall be included in the inspection. (Ref. 1)   | _____<br>/ |
| * | 8.  | Explain the receiving requirements of electrical Equipment. (Ref. 1)  | _____<br>/ |
| * | 9.  | State the QA requirements for procurement of Forklifts. (Ref. 1)  | _____<br>/ |
|   | 10. | Explain Suspect Counterfeit Items. (Ref. 6)   | _____<br>/ |
|   | 11. | Explain bolt head markings. (Ref. 6)  | _____<br>/ |

**QUALITY ASSURANCE RECEIPT INSPECTOR  
QUALIFICATION CARD**

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- \* >12. State what kind of information needs to be included on the Inspection Report. (Ref. 15) \_\_\_\_\_ /
  - >13. Explain what information should be included on a NCR/QA Hold Tag. (Ref. 5) \_\_\_\_\_ /
  - >14. Discuss placement of a NCR/QA Hold Tag on Items. (Ref. 5) \_\_\_\_\_ /
  - >15. State who is authorized to issue and remove NCR/QA Hold Tags. (Ref. 5) \_\_\_\_\_ /
  - >16. State how to discard NCR/QA Hold Tag(s) once they are removed. (Ref. 5) \_\_\_\_\_ /
  - \* >17. Explain the requirements to obtain a conditional release. (Ref. 5) \_\_\_\_\_ /
  - >18. Discuss segregating a tagged item. (Ref. 5) \_\_\_\_\_ /
  - >19. Explain what a QA hold area is. (Ref. 5) \_\_\_\_\_ /
  - \* >20. Explain what is required when a conditional release is granted. (Ref. 5) \_\_\_\_\_ /
  - >21. Explain the requirements for clearing a hold tag. (Ref. 5) \_\_\_\_\_ /
  - \* >22. Explain the NCR/QA Hold Tag independent verification process. (Ref. 5)
  - \* >23. State the QA requirements for making editorial or minor changes to a document. (Ref. 7) \_\_\_\_\_ /
  - \* >24. State the requirements when a controlled document, is used to perform work. (Ref. 3) \_\_\_\_\_ /
  - \* >25. Explain what a "Quality Assurance" Record is. (Ref. 3) \_\_\_\_\_ /

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QUALIFICATION CARD**

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<b>C.    <u>KNOWLEDGE</u>(cont.)</b>	<b><u>SME SIGNATURE / DATE</u></b>
*    >26.    Explain the requirements of the "Creation" of a Quality Assurance record. (Ref. 3)	_____ / _____
*    >27.    Explain the requirements for "Handling" Quality Assurance record(s). (Ref. 3)	_____ / _____
*    >28.    State when a record becomes a "QA" record. (Ref. 3)	_____ / _____
*    >29.    State the requirements for "Correcting" a QA record. (Ref. 3)	_____ / _____
>30.    State who is responsible for the "Quality" of an individuals work. (Ref. 3)	_____ / _____
>31.    State who is responsible for "Compliance" with implementing procedures. (Ref. 3)	_____ / _____
>32.    Explain the requirements for "Item identification and control". (Ref. 3)	_____ / _____
*    >33.    Explain the " Receipt Inspection" process. (Ref. 1)	_____ / _____
*    >34.    Explain the requirements of a "Supplier Certificate of Conformance". (Ref. 3)	_____ / _____
*    >35.    State the requirements for "Inspection Documentation". (Ref. 3)	_____ / _____
*    >36.    State the requirements for "M&TE and M&DC" equipment. (Ref. 3)	_____ / _____
>37.    Explain "Chain of Custody" requirements. (Ref. 3)	_____ / _____
>38.    State what environmental factors can affect the quality of air. (Ref. 12)	_____ / _____
>39.    Explain what to do if you find airchecks are not within acceptable ranges. (Ref. 12)	_____ / _____

**QUALITY ASSURANCE RECEIPT INSPECTOR  
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**C. KNOWLEDGE(cont.)**

**SME SIGNATURE / DATE**

- >40. Explain what sudden changes may cause temporary fluctuations of the Oxygen reading. (Ref. 11) \_\_\_\_\_ / \_\_\_\_\_
- >41. Explain how to turn the ITX On and Off. (Ref. 11) \_\_\_\_\_ / \_\_\_\_\_
- >42. Explain the Gas Reading Mode on the ITX. (Ref. 11) \_\_\_\_\_ / \_\_\_\_\_
- >43. Explain how to view the different ITX Modes. (Ref. 11) \_\_\_\_\_ / \_\_\_\_\_
- >44. Explain the Zeroing and Calibration function of the ITX. (Ref. 11) \_\_\_\_\_ / \_\_\_\_\_
- >45. Explain how to view the Peak Readings, and their importance. (Ref. 11) \_\_\_\_\_ / \_\_\_\_\_
- >46. Explain the Time/Temperature function on the ITX. (Ref. 11) \_\_\_\_\_ / \_\_\_\_\_
- \* >47. Discuss release of items for Testing Purposes. (Ref. 1) \_\_\_\_\_ / \_\_\_\_\_
- \* 48. Discuss process of receiving GFE and GSA equipment. (Ref. 1) \_\_\_\_\_ / \_\_\_\_\_
- \* >49. Discuss Type "B" spare parts/bench stock verification. (Ref. 1) \_\_\_\_\_ / \_\_\_\_\_
- \* >50. Explain requirements for M&TE usage. (Ref. 1) \_\_\_\_\_ / \_\_\_\_\_
- >51. Discuss the elements of NQA-1. (Ref. 2) \_\_\_\_\_ / \_\_\_\_\_
- Inspector Safety**
- \* >52. State the PPE (Personal Protective Equipment) requirements for Helium Leak Testing. (Ref. 8) \_\_\_\_\_ / \_\_\_\_\_
- \* >53. State the hazard potentials for Helium Leak Testing. (Ref. 8) \_\_\_\_\_ / \_\_\_\_\_

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<b>C.    <u>KNOWLEDGE(cont.)</u></b>	<b>SME SIGNATURE / DATE</b>
<b>Inspector Safety</b>	
*    >54.    State the PPE requirements for Penetrant testing. (Ref. 9)	_____ / _____
*    >55.    State the hazard potentials for Penetrant testing. (Ref. 9)	_____ / _____
*    >56.    State the PPE requirements for Magnetic Particle Examination. (Ref. 10)	_____ / _____
*    >57.    State the hazard potentials for Magnetic Particle Examination. (Ref. 10)	_____ / _____
*    >58.    State the PPE requirements for the operation of the Environmental Chambers. (Ref. 13)	_____ / _____
*    >59.    State the hazard potential for the Environmental Chambers. (Ref. 13)	_____ / _____
*    >60.    State the PPE requirements for the operation of the Bag Sealer. (Ref. 14)	_____ / _____
*    >61.    State the hazard potentials for the Bag Sealer. (Ref. 14)	_____ / _____

**>D.    ON-THE-JOB TRAINING (20 hours)**

NOTE:            Satisfactory performance of at least 20 hours in each of the following activities **while supervised by a qualified inspector**. Document hours on Attachment 1. (Attach documented hours to card)

	<b><u>SME SIGNATURE / DATE</u></b>
1.    Perform 20 hours of receipt inspection	_____ / _____
2.    Perform 20 hours of dimensional inspection	_____ / _____

**E. PERFORMANCE PRACTICAL**

Completion Standard: Satisfactory completion of each practical statement will be done **in accordance with the approved procedure without error.** (Attach documents generated during practical)

**NOTE:** Where "P / S" are indicated, circle the appropriate letter to Indicated whether the task was performed (P) or simulated (S)

			<u>SME SIGNATURE / DATE</u>
	1.	Perform a Receipt Inspection. (Ref. 1)	P/S _____ / _____
*	>2.	Issue a NCR or QA Hold Tag. (Ref. 6)	P/S _____ / _____
*	3.	Perform a Corrective Action Receipt Inspection. (Ref.1)	P/S _____ / _____
*	>4.	Initiate a WIPP Form. (Ref. 4)	P/S _____ / _____
*	>5.	Initiate a NCR. (Ref. 6)	P/S _____ / _____
*	>6.	Demonstrate how to turn the iTX unit on and off. (Ref. 11)	P/S _____ / _____
*	>7.	Perform oxygen span recording. (Ref. 11 & 12)	P/S _____ / _____
*	>8.	Demonstrate how to zero the iTX. (Ref. 11)	P/S _____ / _____
*	>9.	Demonstrate how to read the battery readings on the iTX. (Ref. 11)	P/S _____ / _____

**TRAINING VERIFICATION**

I have completed the Classroom Training, Required Reading, Knowledge statements, Practical Performance, and Inspector Safety required by this Qualification Card. I have received on-the-job training and can perform the task associated with the Quality Assurance Receipt Inspector area, functioning independently, safely and efficiently.

I fully understand my responsibilities as a Quality Assurance Receipt Inspector.

\_\_\_\_\_  
Trainee Signature / Date

Approved for Quality Assurance Receipt Inspector qualification.

\_\_\_\_\_  
Section Manager / Date

This Qualification Card has been reviewed for completeness and signature verification by the Training Coordinator.

\_\_\_\_\_  
Training Coordinator / Date





QUALITY ASSURANCE SOURCE INSPECTOR  
QUALIFICATION CARD

QAI-01-2, Rev. 2  
Page 1 of 5

CANDIDATE: \_\_\_\_\_ COMPANY/DEPT.: \_\_\_\_\_

BADGE#: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_ INT. \_\_\_ REQUAL \_\_\_\_\_

**NOTE: ALL SIGNATURES MUST BE IN REPRODUCIBLE INK. BLACK INK IS PREFERRED.**

APPROVAL: This Qualification Card is approved for use.

E2 Atu 3-1-06  
Section Manager / Date

FORMAT: This Qualification Card has been reviewed and meets format requirements in effect.

WZ Dahn 3/1/06  
Training Manager / Date

GENERAL INSTRUCTIONS:

This qualification card is to be completed by all QA Receipt Inspector trainees prior to assuming duties as a QA Source Inspector. A Subject Matter Expert (SME), qualified to conduct the training and qualification verification, will provide the initial qualification program indoctrination and qualification training.

All SME signatures must be made by an approved Subject Matter Expert. The signatures indicate the trainee has satisfactory knowledge and/or has demonstrated the ability to perform the tasks indicated.

The QAI-01 series of qualification cards are to be completed in the sequence of QAI-01-1, then QAI-01-2, ending with QAI-01-3. All items must be completed unless deletion is indicated by the Cognizant Manager with initials, date, and reason for each item deleted.

The sections of this Qualification Card are divided into the following parts:

- |                               |                          |
|-------------------------------|--------------------------|
| A. Classroom Training         | B. Required Reading      |
| C. Knowledge                  | D. Practical Performance |
| >E. On-The-Job Training (OJT) |                          |

This Qualification Card will normally be retained by the trainee until completed. When completed it must be routed to Training for review, approval and retention.

**QUALITY ASSURANCE SOURCE INSPECTOR  
QUALIFICATION CARD**

**QAI-01-2, Rev. 2  
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QUALIFICATION LIMIT: This qualification is valid for two years.

REQUALIFICATION: Competency statements that must be completed during requalification are designated with an asterisk (\*).

“Greater than” symbol, “>”, indicates the last revision to the text of this qualification card.

PREREQUISITES:

Training Coordinator / Date

1. QAI-01-1, Quality Assurance Receipt Inspector. \_\_\_\_\_

REFERENCES:

1. WP 13-QA1003, Quality Assurance Source/Receipt Inspections
2. ASME NQA-1
- >3. WP 04-IM1000, Issues Management Program Processing of WIPP Forms
4. WP 13-QA3004, Nonconformance Report

**NOTE:** Each SME involved in the trainee validation of this qualification card shall print and sign their name on the following blanks. The signatures indicate the SME has read and complied with WP14-TR3308.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
SME Signature / Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
SME Signature / Date

**A. CLASSROOM TRAINING**

Training Coordinator / Date

1. Current General Employee Training (GET-20X) \_\_\_\_\_

**B. REQUIRED READING:**

**NONE**

**QUALITY ASSURANCE SOURCE INSPECTOR  
QUALIFICATION CARD**

**C. KNOWLEDGE:**

SME SIGNATURE / DATE

1. State the report used to document a source inspection. (Ref. 1)

\_\_\_\_\_ / \_\_\_\_\_

\* 2. If an NDE is performed, state what information shall be included in the Inspection Report. (Ref. 1)

\_\_\_\_\_ / \_\_\_\_\_

**C. KNOWLEDGE(cont.):**

SME SIGNATURE / DATE

\* 3. State what should be done if the vendor does not have an approved NCR/CAR reporting process. (Ref. 3 & 4)

\_\_\_\_\_ / \_\_\_\_\_

\* 4. List the applicable person(s) that should receive a copy of the inspection report. (Ref. 1)

\_\_\_\_\_ / \_\_\_\_\_

\* 5. Discuss elements of NQA-1 as applicable to source inspections (Ref. 2)

\_\_\_\_\_ / \_\_\_\_\_

**D. EQUIPMENT PRACTICAL:**

Completion Standard: Satisfactory completion of practical statement will be done **in accordance with the approved procedure without error.** (Attach documents generated during practical)

**NOTE: Where "P / S" are indicated, circle the appropriate letter to Indicated whether the task was performed (P) or simulated (S)**

SME SIGNATURE / DATE

\* 1. Perform Source Inspection. (Ref. 1) (P / S)

\_\_\_\_\_ / \_\_\_\_\_

**QUALITY ASSURANCE SOURCE INSPECTOR  
QUALIFICATION CARD**

**QAI-01-2, Rev. 2  
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**>E. ON-THE-JOB TRAINING**

>NOTE: Satisfactory performance of sufficient OJT, **while supervised by a qualified inspector**, as deemed necessary by QA Management and the SME. Document hours on Attachment 1. (Attach documented hours and/or supporting documentation to card)

SME SIGNATURE / DATE

1. Source Inspection OJT

\_\_\_\_\_ / \_\_\_\_\_

**TRAINING VERIFICATION**

I have completed the Qualification Card Classroom Training and Required Reading pertaining to this qualification and understand my responsibilities as a Quality Assurance Source Inspector. I have received on-the-job training and can perform the task associated with the Quality Assurance Source Inspector area, functioning independently, safely and efficiently.

\_\_\_\_\_  
Trainee Signature / Date

Approved for Quality Assurance Source Inspector qualification.

\_\_\_\_\_  
Section Manager / Date

This Qualification Card has been reviewed for completeness and signature verification by the Training Coordinator.

\_\_\_\_\_  
Training Coordinator / Date





**QUALITY ASSURANCE PLANT INSPECTOR  
QUALIFICATION CARD**

**QAI-01-3, Rev. 4  
Page 1 of 7**

**CANDIDATE:** \_\_\_\_\_ **COMPANY/DEPT.:** \_\_\_\_\_

**BADGE#:** \_\_\_\_\_ **DATE STARTED:** \_\_\_\_\_ **INT.** \_\_\_ **REQUAL** \_\_\_

**NOTE: ALL SIGNATURES MUST BE IN REPRODUCIBLE INK. BLACK INK IS PREFERRED.**

**APPROVAL:** This Qualification Card is approved for use.

E. J. Allen 3-1-06  
Section Manager / Date

**FORMAT:** This Qualification Card has been reviewed and meets format requirements in effect.

W. J. D. - 3/1/06  
Training Manager / Date

**GENERAL INSTRUCTIONS:**

This qualification card is to be completed by all QA Receipt Inspector trainees prior to assuming duties as a QA Plant Inspector. A Subject Matter Expert (SME), qualified to conduct the training and qualification verification, will provide the initial qualification program indoctrination and qualification training.

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The sections of this Qualification Card are divided into the following parts:

- |    |                       |     |                                |
|----|-----------------------|-----|--------------------------------|
| A. | Classroom Training    | B.  | Required Reading               |
| C. | Knowledge             | >D. | On-The-Job Training (20 hours) |
| E. | Practical Performance |     |                                |

This Qualification Card will normally be retained by the trainee until completed. When completed it must be routed to Training for review, approval and retention.

**QUALITY ASSURANCE PLANT INSPECTOR  
QUALIFICATION CARD**

**QAI-01-3, Rev. 4  
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QUALIFICATION LIMIT: This qualification is valid for two years.

REQUALIFICATION: Competency statements that must be completed during requalification are designated with an asterisk (\*).

“Greater than” symbol, “>”, indicates the last revision to the text of this qualification card.

PREREQUISITES:

Training Coordinator / Date

1. QAI-01-1, Quality Assurance Receipt Inspector. \_\_\_\_\_

2. QAI-01-2, Quality Assurance Source Inspector. \_\_\_\_\_

REFERENCES:

1. WP 13-QA1006, Quality Assurance Plant Inspections
2. ASME NQA-1
3. WP 13-1, Washington TRU Solutions LLC Quality Assurance Program Description
4. DOE-STD-1090, Hoisting and Rigging Manual
5. WP 10-WC3010, Maintenance PM/MWI Controlled Document Processing
- >6. WP 04-IM1000, Issues Management Program Processing of WIPP Forms
- >7. WP 13-QA.06, Quality Assurance Department Qualification and Certification of Nondestructive Examination Personnel
- >8. WP 13-QA.05, Suspect Counterfeit Items Program
- >9. WP 15-PS3002, WTS Controlled Document Processing
- >10. WP 10-AD3005, Control & used of Maintenance Locks
- >11. WP 13-QA3004, Nonconformance Report

**NOTE:** Each SME involved in the trainee validation of this qualification card shall print and sign their name on the following blanks. The signatures indicate the SME has read and complied with WP14-TR3308.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
SME Signature / Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
SME Signature / Date

- 
- A. CLASSROOM TRAINING** Training Coordinator / Date
1. Current General Employee Training (GET-20X) \_\_\_\_\_
  2. Current Inexperienced Miner Training (SAF-501/502) \_\_\_\_\_
  3. Current Hazardous Waste Worker (HWW-101/102) \_\_\_\_\_
  4. Compressed Gas Cylinder Safety (SAF-619) \_\_\_\_\_
  5. Current Radiological Worker I (RAD-101/102) \_\_\_\_\_
  6. Fall Prevention (SAF-641) \_\_\_\_\_
  7. Equipment Lockout/Tagout (EQP-405) \_\_\_\_\_
  8. Current Electrical Safety (ELC-103/103A) \_\_\_\_\_
  9. Suspect/Counterfeit Parts (SCI-101) \_\_\_\_\_

**B. REQUIRED READING:**

1. WP 13-QA1006, Quality Assurance Plant Inspections
- >2. DOE-STD-1090-(current revision), Hoisting and Rigging
- >3. WP 10-2, Maintenance Operations Instruction  
Manual
- >4. WP 13-QA3020, Fabrication Oversight
- >5. WP 13-QA.27, Quality Assurance Verification Plan for Type "B" Packaging  
Maintenance Oversight
- >6. WP 10-AD3005, Control & used of Maintenance Locks

All required reading has been completed.

\_\_\_\_\_  
Candidate Signature / Date

**QUALITY ASSURANCE PLANT INSPECTOR  
QUALIFICATION CARD**

**C. KNOWLEDGE:**

SME SIGNATURE / DATE

- \* 1. State what document to record inspection/test results on. (Ref. 1) \_\_\_\_\_ / \_\_\_\_\_
- \* 2. State what kind of information needs to be included on the Inspection Report. (Ref. 1) \_\_\_\_\_ / \_\_\_\_\_
- \* 3. Explain what needs to happen if deficiencies are identified during inspection/testing. (Ref. 1) \_\_\_\_\_ / \_\_\_\_\_
- \* 4. Discuss non-destructive examination. (Ref. 2, 3 & 7) \_\_\_\_\_ / \_\_\_\_\_
- \* >5. Explain when a Rated Load Test shall be performed or not performed. (Ref. 4) \_\_\_\_\_ / \_\_\_\_\_
- \* 6. Explain what documents require QA review. (Ref. 5) \_\_\_\_\_ / \_\_\_\_\_
- \* 7. Explain the requirements if a Lockout/Tagout is required. (Ref. 1 & 10) \_\_\_\_\_ / \_\_\_\_\_

**>D. ON-THE-JOB TRAINING:**

NOTE: Satisfactory performance of at least 20 hours in each of the following activities **while supervised by a qualified SME.** (Attach documented hours to card)

SME SIGNATURE / DATE

- 1. Mechanical inspection \_\_\_\_\_ / \_\_\_\_\_
- 2. Electrical inspection \_\_\_\_\_ / \_\_\_\_\_
- 3. Civil inspection \_\_\_\_\_ / \_\_\_\_\_

E. **PRACTICAL PERFORMANCE:**

Completion Standard: Satisfactory completion of each practical statement will be done **in accordance with the approved procedure without error.** (Attach documents generated during practical)

**NOTE:** Where "P / S" are indicated, circle the appropriate letter to Indicated whether the task was performed (P) or simulated (S)

		<u>SME SIGNATURE / DATE</u>
*	1. Perform a Hold/Witness Point Inspection. (Ref. 1)	(P / S) _____ / _____
*	2. Perform an in-process inspection. (Ref. 5)	(P / S) _____ / _____
*	3. Complete a Quality Assurance Inspection Report. (Ref. 1,5)	(P / S) _____ / _____
*	>4. Perform a Lock out. (Ref. 10)	(P / S) _____ / _____
*	>5. <u>Perform a verification of a corrective action. (Ref. 11)</u>	(P / S) _____ / _____

**TRAINING VERIFICATION**

I have completed the Qualification Card Prerequisites and Required Reading pertaining to this qualification and understand my responsibilities as a Quality Assurance Inspector.  
I have received on-the-job training and can perform the task associated with the Quality Assurance Inspector area, functioning independently, safely and efficiently.

\_\_\_\_\_  
Trainee Signature / Date

Approved for Quality Assurance Inspector qualification.

\_\_\_\_\_  
Section Manager / Date

This Qualification Card has been reviewed for completeness and signature verification by the Training Coordinator.

\_\_\_\_\_  
Training Coordinator / Date



