FIELD TEAM QUALITY CERTIFICATION/CALIBRATION CHECK LIST

D.O. Notice # _____

SECTION I GENERAL INFORMATION ***(To be completed by Artisan)***

Artisan Name: _____ Payroll Number: _____

Shop Number: _____ Certification Device: _____ Phone Number: _____

Expected Duration of Field Team Assignment From: _____ To: _____

SECTION II QUALIFICATION AND PRODUCTION CERTIFICATION INFO *(To be completed by Supervisor)*

1. **Does The Artisan's IQR Reflect That He/She Meet The Field Team Qualification?**

   ☐ YES ☐ NO

2. **Is The Artisan's Production Certification and Special Skills Current?**

   ☐ YES ☐ NO Certification Expiration Date: _____

   If No, Schedule Artisan for Re-certification Training) Special Skill Expiration Date: _____

3. **Will The Certification or Special Skills Expire During The Field Team Assignment?**

   ☐ YES ☐ NO

   (If Yes, Schedule Artisan for Re-Certification Training)

4. **Is The Artisan's Egress Current?**

   ☐ YES ☐ NO ☐ N/A Certification Expiration Date: _____

   (If No, Schedule Artisan for Re-certification Training)

5. **Is The Artisan's Medical Surveillance Current?**

   ☐ YES ☐ NO ☐ N/A Expiration Date: _____

   (If No, Schedule Artisan for Appropriate Medical Code)

SECTION III TOOL CALIBRATION/INVENTORY *(To be completed by Artisan and Tool Room Attendant)*

1. **Are all tools and equipment requiring calibration, current and will they remain current throughout the duration of the Field Team assignment?**

	Artisan Initials	Toolroom Initials		Artisan Initials	Toolroom Initials
YES			**NO**		

2. **Have tools been inventoried by TCN IAW master kit listing and has a copy of the master kit listing been provided to the artisan?**

	Artisan Initials	Toolroom Initials		Artisan Initials	Toolroom Initials
YES			**NO**		

3. **Are expendable tool tote trays, equipped with a current inventory and do their contents as listed on the inventory match the actual quantities stored in the tool tote tray?**

	Artisan Initials	Toolroom Initials		Artisan Initials	Toolroom Initials
YES			**NO**		

SECTION IV-A
(BEFORE DEPARTURE)

QUALITY ASSURANCE *(Artisan Present Completed Checklist To Area QAS)*

1. Review Sections I, II, & III to ensure completeness.

2. Ensure Designated Technical Descriptions and Requirements Subject to Verification has been annotated on the Work Order of FRC EAST 4855/41 Removable and Reinstallation (R&R) Lists and added to Field Team Package.

** 3. Has Field Team Leader Been Briefed On On-Site Quality Verification Functions, Including An Overview Of The Methods Of Verification And Received Instructions On Voiding Any Previous Certifications or Verifications Of Tasks That Have Been Altered, Reentered, Disturbed, or Damaged After Certification/Verification.

☐ YES ☐ NO ☐ DNA

(Check Yes Or No For **Field Team Leader Only, DNA Other Field Team Members)

QAS Signature/Stamp

SECTION IV-B
(UPON RETURN)

QUALITY ASSURANCE (Artisan Present Completed Checklist To Area QAS)

1. Review and Verify Returning Field Team Package With Field Team Leader or Single Member Artisan for Completeness and Compliance with Instruction.

(If Work Package Is Not Complete, Issue C.A.R. To Field Team Supervisor)

2. Ensure D.O. Notice is enclosed with completed Work Package.

3. Ensure Team Member Checklist is enclosed with completed Work Package.

QAS Signature/Stamp