



UNITED STATES MARINE CORPS  
MARINE CORPS AIR STATION  
BOX 99100  
YUMA, ARIZONA 85369-9100

StaO 4790.20  
3DF3  
31 AUG 1998

STATION ORDER 4790.20

From: Commanding Officer  
To: Distribution List

Subj: QUALITY ASSURANCE REPRESENTATIVE/COLLATERAL DUTY QUALITY ASSURANCE  
REPRESENTATIVE/COLLATERAL DUTY INSPECTOR PROGRAM

Ref: (a) OPNAVINST 4790.2G

Encl: (1) CDI Technical Training Syllabus  
(2) QAR/CDQAR/CDI Nomination Form  
(3) Inspector Evaluation Form

1. Purpose. To establish procedures for Collateral Duty Inspector/  
Collateral Duty Quality Assurance Representative/Quality Assurance  
Representative (CDI/CDQAR/QAR), qualification and certification.

2. Background. The selection and training of individuals as  
CDI/CDQAR/QAR's is of prime importance to the safe operation of aircraft in  
this squadron. Quality Assurance Inspectors perform a vital function and  
it is imperative that minimum qualification requirements be met prior to  
designation as CDI/CDQAR/QAR.

a. QAR's are personnel permanently assigned to the Quality Assurance  
(QA) Division. QAR's will inspect all maintenance actions that require the  
aircraft to undergo a functional checkflight.

b. CDQAR's are personnel temporarily or permanently assigned to the  
Work Center and are used in the same capacity as QAR's.

c. CDI's are personnel permanently assigned to the Work Center. They  
inspect all work and comply with the QA inspections required during all  
maintenance actions performed by their receptive Work Center. They will be  
responsible to the QA/A Officer when performing their CDI functions.

3. Action

a. All personnel considered for selection as CDI/CDQAR/QAR's should  
meet the following personal qualifications as listed in reference (a).

(1) Senior in grade and experience.

(2) Have fully developed skills and experience related to technical  
fields under his/her cognizance.

(3) The ability to research, read, and interpret drawings, technical manuals, and directives.

(4) The ability to write with clarity and technical accuracy.

(5) Possesses stability and excellence in performance.

(6) Possesses the motivation and desire to develop greater knowledge in his/her technical specialty.

(7) Possesses an observant, alert, and inquiring nature.

(8) Possesses the ability to work with others.

b. The following requirements must be accomplished prior to initial designation as a CDI/CDQAR/QAR.

(1) Complete applicable Workcenter MATMEP Individual Qualification Record (Level II min.).

(2) Complete section 1 of the CDI Technical Training Syllabus, page 1 of enclosure (1).

(3) Pass the OPNAVINST 4790.2 open book test which is administered by QA with a minimum passing grade of 80%.

(4) Pass an open book test administered by QA/A that is technically related to the applicable work center with a minimum passing grade of 80%.

(5) Pass an initial CDI evaluation administered by QA/A utilizing the Inspectors Evaluation Form, enclosure (3).

(6) With all prerequisites completed, QA/A will convene a Final Qualification Board Consisting of the QA/A OIC or NCOIC, a QAR for the applicable work center, and a SNCO from the applicable work center.

(7) The Final Qualification Board will review the package and interview the candidate.

(8) QA/A will initiate and route a Quality Assurance Representative/ Inspector Recommendation/Designation Form, (OPNAV 4790/12), to the AMO, via the QA/A Officer.

(9) Following designation by the AMO, CDI's will be monitored on a quarterly basis by a QAR utilizing the Inspectors Evaluation Form, enclosure (3).

(10) CDQAR/QAR must be currently or previously designated as a CDI.

c. Revocation/Cancellation

(1) A CDI/CDQAR/QAR will have has/her designation revoked for cause when the determination has been made by QA/A that the inspector has performed his/her duties in a negligent manner.

(2) Designations will not normally be canceled earlier than 30 days prior to transfer.

4. Responsibilities

a. Work Center Supervisor

(1) Shall ensure only qualified personnel are nominated.

(2) Shall ensure training time is allotted to each candidate.

b. Quality Assurance

(1) Shall ensure all paperwork, training, and testing is conducted and complete for each candidate.

(2) Shall conduct periodic evaluations on CDI/CDQAR's to check their performance utilizing enclosure (3).

(3) Review all incoming Technical Publications/Directives to determine their application to the Maintenance Department.

(4) Prepare and assist in the preparation of Programs to ensure QA's objective and requirements are defined.

(5) Provide technical assistance to CDI/CDQARs and production personnel in making decisions concerning QA.

  
C. J. TURNER

DISTRIBUTION: SPL  
SAR (10)



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CDI Technical Training Syllabus

SECTION I

Name \_\_\_\_\_ Rank \_\_\_\_\_

SSN/MOS \_\_\_\_\_ / \_\_\_\_\_

1. Required Reading:	Signature	Date
a. All Squadron Programs	_____	_____
b. OPNAVINST 4790.2G Volumes I and III		
(1) OPNAVINST 4790.2G Volume I:		
(a) Chapter 10	_____	_____
(b) Chapter 13	_____	_____
(c) Chapter 14	_____	_____
(d) Chapter 15	_____	_____
(e) Chapter 16	_____	_____
(2) Become familiar with OPNAVINST 4790.2G Volume III	_____	_____
c. COMNAVAIRPACINST 13720.3A w/Chg 1 (Foreign Object Damage To Turbine Engines)	_____	_____
d. NAVAIR 01-110HCE-2-1, para 8-28 (Jammed controls)	_____	_____

\_\_\_\_\_  
W/C NCOIC Signature



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QAR/CDQAR/CDI NOMINATION FORM

From: \_\_\_\_\_ Section NCOIC  
To: Quality Assurance Officer

Subj: CDI/CDQAR NOMINATION OF \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Rank Name SSN MOS

Ref: OPNAVINST 4790.2G

1. In accordance with the reference, SNM is nominated as a CDI for Work Center \_\_\_\_\_.

2. Time in service \_\_\_\_\_, years experience in MOS \_\_\_\_\_.

3. Technical Schools (A, NAMTGD, NARF, ect.):

\_\_\_\_\_  
\_\_\_\_\_

4. Experience on A/C by Type/Model/Series and level of Maintenance:

A/C Maint level systems time      A/C Maint level systems time

\_\_\_\_\_  
\_\_\_\_\_

5. CDI /CQAR/QAR Experience:

A/C Maint level systems time      A/C Maint level systems time

\_\_\_\_\_  
\_\_\_\_\_

6. Date joined Squadron: \_\_\_\_\_

7. Job title: \_\_\_\_\_

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8. NCOIC comments:

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NCOIC Signature

9. OIC comments:

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OIC Signature

ENCLOSURE (2)

INSPECTORS EVALUATION FORM

Date \_\_\_\_\_

CDI evaluation was performed this date on \_\_\_\_\_  
of work center \_\_\_\_\_. The result of this evaluation are  
listed below.

(1) A/C \_\_\_\_\_ JCN \_\_\_\_\_

YES NO

(2) Did the CDI comply with the responsibilities as  
prescribed in OPNAVINST 4790.2G and the Squadron Programs? \_\_\_\_\_

(3) Did the CDI spot check the maintenance action  
while it was in progress? \_\_\_\_\_

(4) Did the maintenance crew utilize the appropriate  
technical manual during troubleshooting/repair? \_\_\_\_\_

(5) Did the CDI check the appropriate technical manual for  
installation/inspection data prior to the final inspection? \_\_\_\_\_

(6) Were all tools inventoried by the maintenance crew  
and CDI prior to inspecting the aircraft/component? \_\_\_\_\_

(7) Was the area of maintenance clean and FOD free as  
required the current FOD and Safety Programs? \_\_\_\_\_

(8) Did the CDI complete operational checks as directed  
by the applicable MIMS? \_\_\_\_\_

(9) Were all tools inventoried by the CDI upon  
completion of maintenance? \_\_\_\_\_

(10) Was proper annotation completed on required  
VIDS/MAFs? \_\_\_\_\_

QAR comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
QAR Signature