

Inspection Report



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DATE	SPLIT SHIPMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	QUANTITY SHIPPED →	QUANTITY INSPECTED →
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P.O. Number _____ Part Number _____

Supplier Name / No. _____

PROCESS	PRINT SPEC.	ACTUAL	CHECK IF APPLICABLE	<input checked="" type="checkbox"/>
TYPE OF MATERIAL			BLACK OXIDE	
HEAT TREAT			PRIME/PAINT	
CASE DEPTH			LEVELING SCREW HOLES RETAPPED AFTER STRESS RELIEVE, PRIME & PAINT	
SURFACE FINISH				
CHROME				
O T H E R			O T H E R	

MARK PART & SUPPLIER NUMBER ON NON-CRITICAL SURFACES				
	DIMENSION OR CHARACTERISTIC	DEVIATION FROM NOMINAL (+ -)	INSPECTION METHOD	COMMENTS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

LIST ANY TOTAL QUALITY CONCERNS REGARDING THE PROCESSING OF THIS DETAIL

ALL PARTS IN THE QUANTITIES LISTED ON THIS REPORT CONFORM TO
SPECIFICATIONS AND DRAWINGS APPLICABLE TO THE PURCHASE ORDER.

Signed _____

