



Initial Sample Inspection Report/Dimensional Report
Report of SampleNo = 1 Date 24 /08 / 09

Page 1 of 1

Customer	Part No ;
Supplier	Part Name;

All measurements are in Inches / mm unless otherwise stated

Item	Dimension/ specification	Supplier Measurement/ Test Results	Customer Results	Accept		Reject	
				S	C	S	C
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

Supplier signature(Quality Technician)-----Date:-----ACCEPT / REJECT

Customer signature:----- Date----- ACCEPT/REJECT

Comments : CUSTOMER TO ACCEPT OR REJECT AND SIGN. PLEASE FAX BACK TO STEVE MATTHEW 01788 539564

ADDITIONAL COMMNTS:-----

