

NSN _____
 NO. _____
 FSCM NO.: 84256

Avibank Mfg., Inc.

INSPECTION REPORT

Page ____ of ____

PART NAME:				PART NO.:		REV.		CUSTOMER PART NO.:		REV.	
CUSTOMER:				CUST. P.O.				INSPECTION TYPE: FIRST ARTICLE <input type="checkbox"/>			
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LOT SIZE:	QTY. INSP.:	QTY. ACC:	REJ.:	ANSVASQC Z1.4, LEV. II AQL 1.0 UNLESS OTHERWISE SPECIFIED						ALT. SAMPLE PLAN:	
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W.O. NO. / LOT				AVIBANK P.O. NO.				SUPPLIER:			

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FORM: WI-12-IRF-014 rev A (1/17/03)

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