

Inspection Report / Release Note		Page: 1 of 1
Reference	Company Name	

Address	Telephone No
	Fax No
	Email
	Telex No
Zip / Post Code	Country

Please name the following where known	
Managing Director	
Production / Works Manager	
Quality Representative	
Sales Contact	

Completed by	Department / function	
Signature	Print	Date

Item or Drawing No	Comments / Description and Inspection Status of Work In-Progress Quality / Workmanship / Remedial

Dimensional accuracy	
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Dimensional accuracy Progress against Programme as % of Completion	
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Comments / Modifications where noted above have been agreed with Contractor / Sub-contractor (Supplier / Vendor) and the current Inspection Status of the above items is

Released for despatch	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature	Print	Date
Requires re-work as specified above	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature	Print	Date
Not finished - re-inspection required	Date of re-inspection	Comments
Signature	Print	