

PLAN FOR THE INSPECTION JOB

1. PRIME CONTRACTOR (Name and Address)

2. PLANT (Name and Address, if different from No. 1)

3. ASSIGNED INSPECTION OFFICE (Address and Telephone No.)

4. NAME & TELEPHONE OF CONTRACTOR'S:

a. AUTHORIZED REPRESENTATIVE

b. ALTERNATE (in absence of above)

5. INSPECTION MATERIALS AND FACILITIES FURNISHED BY CONTRACTOR (Check appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> DESK(S) | <input type="checkbox"/> ACCESS TO PRS |
| <input type="checkbox"/> CHAIRS | <input type="checkbox"/> INSPECTION TABLE |
| <input type="checkbox"/> TELEPHONE | <input type="checkbox"/> SCALES & CHECK WEIGHT |
| <input type="checkbox"/> TYPEWRITER | <input type="checkbox"/> SUPPLY/CLOTHING LOCKER |
| <input type="checkbox"/> OFFICE SPACE | <input type="checkbox"/> LABOR FOR ALL HANDLING OF SAMPLES, INCLUDING REPACKING |
| <input type="checkbox"/> ADDING MACHINE | <input type="checkbox"/> MATERIALS NECESSARY FOR SAMPLE (submission), EXCEPT POSTAGE |
| <input type="checkbox"/> ADEQUATE LIGHT | <input type="checkbox"/> ACCESS TO CALIBRATION DEVICES AND MANUFACTURER'S OPERATING MANUALS. |
| <input type="checkbox"/> FILE CABINET(S) | <input type="checkbox"/> OTHERS (Specify) |
| <input type="checkbox"/> | |

6. CONTRACTOR'S PRODUCTION SCHEDULE

7. INSPECTOR NOTIFICATION

8. LOT SIZE, LOT PRESENTATION, LOT IDENTIFICATION

PLAN FOR THE INSPECTION JOB
(Continuation Sheet)

9. SAMPLING PROCEDURES AND TECHNIQUES

10. NOTHING MENTION HERE ON AUTHORIZES ANY DEVIATION FROM CONTRACT AND/OR SPECIFICATION REQUIREMENTS.

TYPED NAME OF CONTRACTOR

SIGNATURE *(Company Official)*

DATE

INSPECTION OFFICE APPROVAL

TYPED NAME OF INSPECTOR-IN-CHARGE

SIGNATURE *(Inspector-In-Charge)*