REPORT OF INSPECTION ON _____ OPERATIONAL RATIONS (CONT)
(USE ADDITIONAL SHEETS IF NECCESSARY)

PART VII – NONCONFORMANCE SUMMARY

ASSEMBLER LOT NO.	MENU NO.	COMPONENT & CODE	COMPONENT PROCESSOR	DEFECT TABLE	DEFECT NO.	DEFECT CODE	DESCRIPTION OF DEFECTS/REMARKS	Primary			Secondary			Ancillary			N/A
								A	B	M	A	B	M	A	B	M	

* A = MAJ A, B = MAJ B, M = MINOR, N/A = Items with no Component Classification (Primary, Secondary, Ancillary)

DEFECT TOTALS

PART VIII - NARRATIVE COMMENTS

PART IX – SIGNATURE BLOCK

NAME / SIGNATURE OF INSPECTOR	DATE	NAME / SIGNATURE OF SUPERVISOR	TELEPHONE NO.	DATE

DSCP FORM 5117 (BACK), JULY 2001   **(FOR USE OF THIS FORM, SEE DSCPH 4155.2, APPROPRIATE APPENDIX)**