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DEFINITIONS: [REDACTED]

Inspection Test Plan, Style 2
Your Item's Name
Drawing No: Your Dwg No.

(disposable content herein is for show-and-tell)

Revisions		Rev:	
Date	Change Number - Description	Approval	
Special Instructions: Use Your # for sign-off upon completion of Operation - use black ink.			
Used On	Contract#:		
Prepared By:	Date		
Inspection Test Plan			
Your ITP #			
			Form Rev: Orig 1 of 3

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Your Item Name			
PROGRAM:		SPECIFICATION:	
WORK ORDER#:		SPECIFICATION:	

A 10x10 grid with a large black 'X' on the left side and a diagonal watermark reading 'All rights reserved worldw'. The grid is composed of 10 columns and 10 rows. The 'X' is formed by thick black lines. The watermark is a diagonal line of text from the bottom-left to the top-right.

Raw Material Traceability Data:

Line out fields above that are not applicable

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Your Company Name	REV Date	CAGE	DOC#: Your ITP #	2 of 2
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Inspection Test Plan, Style 3

Mo/Yr

(disposable content herein is for show-and-tell)

Revisions				Rev:	
Letter	E.O. Number	Description	Date		
Used On	Contract#:		Your Company Name YOUR PROGRAM Inspection Test Plan		
Prepared By:		Date			
<div>Form Rev: Orig</div>			<div>1 of 1</div>		

Your Company Logo

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1.0 Scope

Document procedures using [REDACTED]

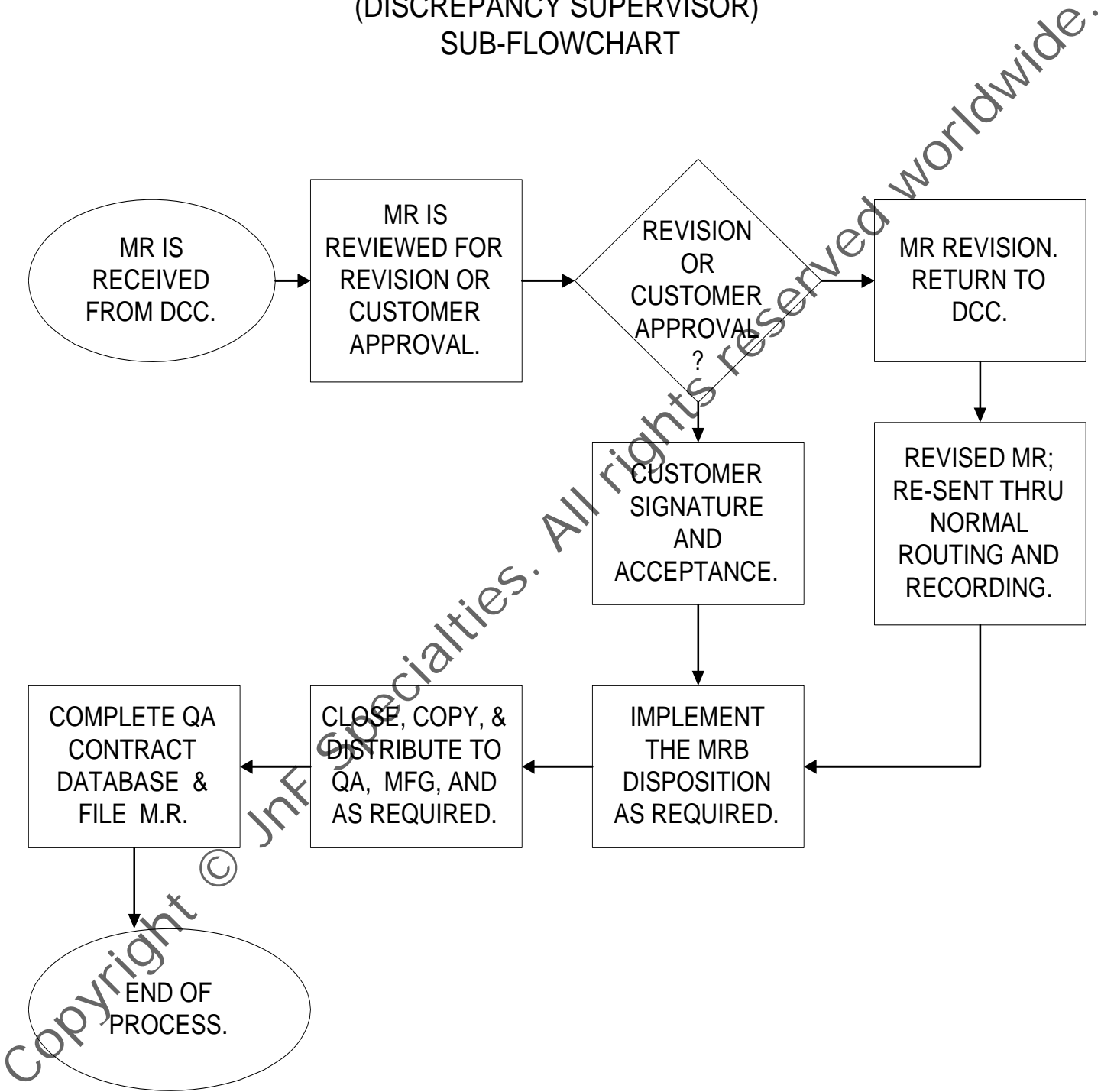
An example of this writing technique follows on pages 3, 4, and 5.

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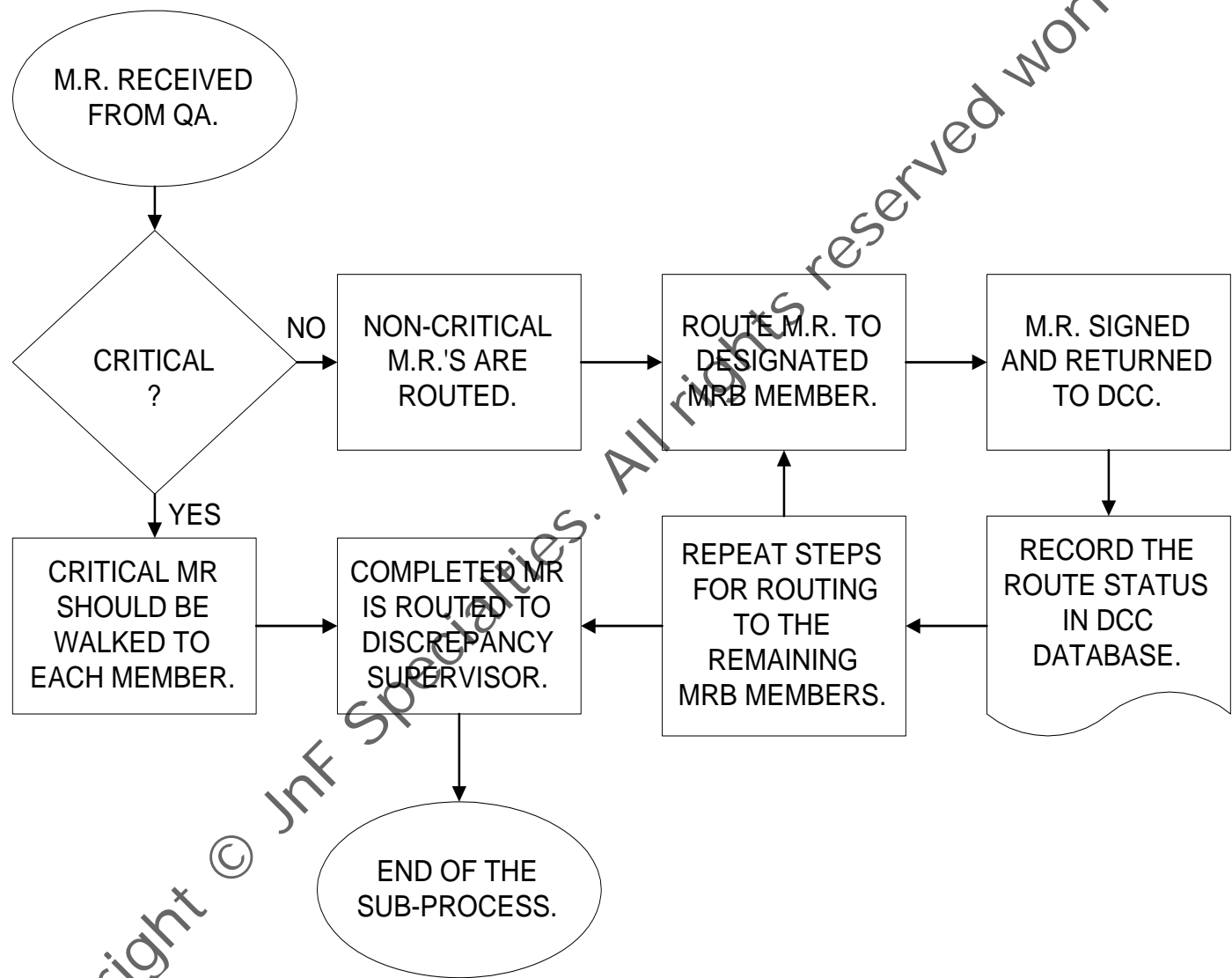
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Option: Insert image

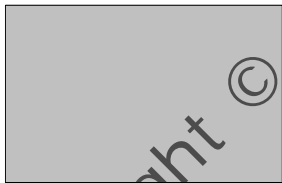
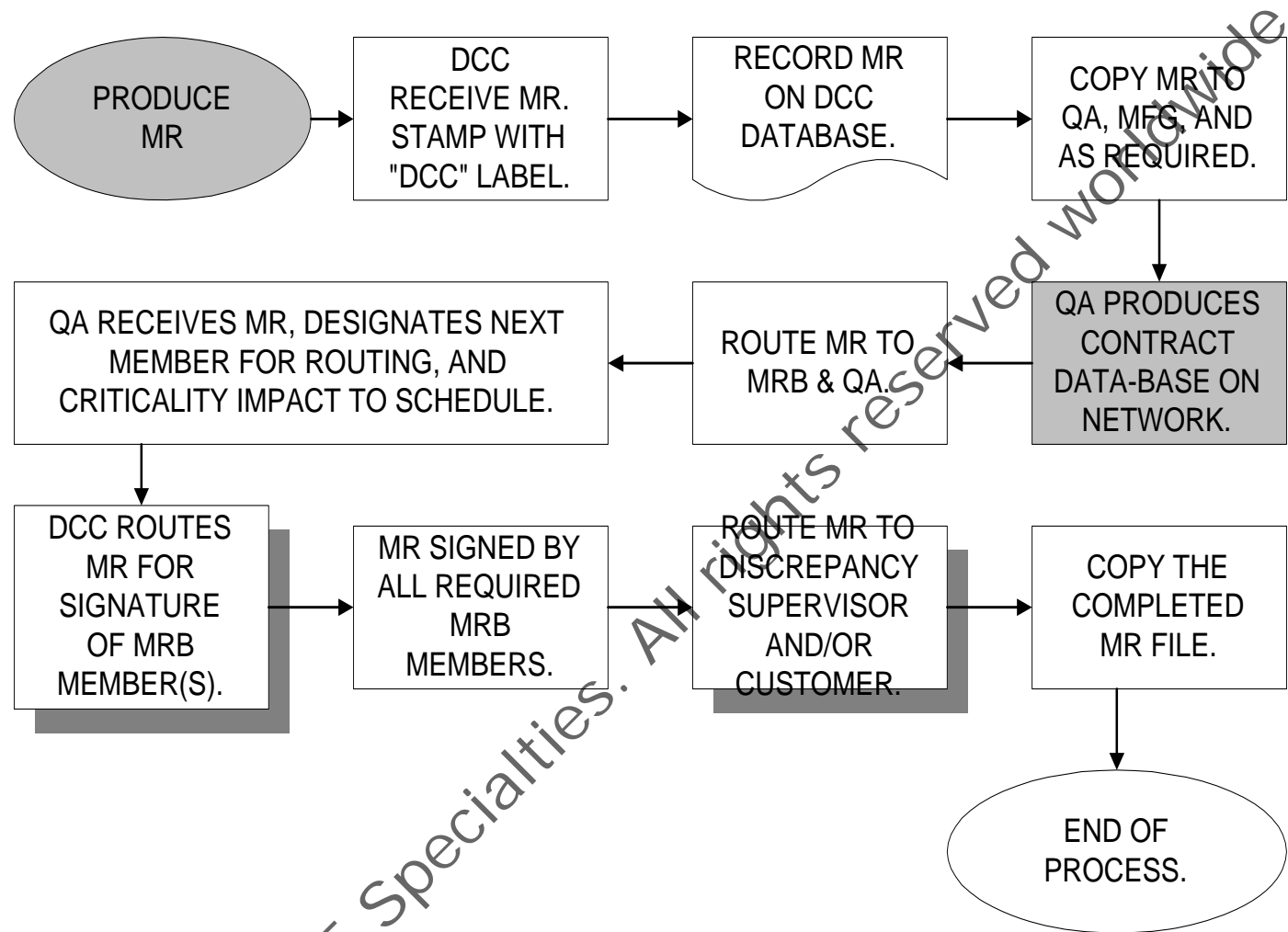
MATERIAL REPORT PROCESSING
(DISCREPANCY SUPERVISOR)
SUB-FLOWCHART



MATERIAL REPORT "DCC" ROUTING
FOR SIGNATURES (MRB) SUB-FLOWCHART



MATERIAL REPORT (MR) ROUTING
FLOW-CHART



NOT PART OF
DCC ROUTING.

Inspection Test Plan, Style 4
Supplier Survey Disposition

Mo/Yr

(disposable content herein is for show-and-tell)

Revisions			Rev:	
Letter	E.O. Number	Description	Date	
Used On Surveys	Contract#:	Your Company Name		
References:	Your #			
Reports:	Your #			
			INSPECTION TEST PLAN	
			Your #	
				Form Rev: Orig 1 of 1

Quality Systems Cross Reference Matrix

Quality System Elements	MIL-I-45208A	MIL-Q-9858	ISO 9001:94	ISO 9001:2008	ISO 9001:2015	ISO 9001:2015
Management Responsibility:	3.1	1.3, 3.1	4.1	5.1, 5.3, 5.4.1, 5.5.1, 5.5.2, 5.6, 6.1, 6.2.1, 8.5.1		Leadership and Commitment
Quality System, Initial Quality Planning:	1.1	1.3, 3.2	4.2	4.1, 4.2.1, 4.2.2, 5.4.2, 7.1	4.4, 7.5.1,	Quality Management System and its Processes
Contract Review:	1.2	3.2, 1.4	4.3	5.2, 7.2.1, 7.2.2, 7.2.3		Customer Focus
Design Control:	N/A	4.1	4.4	7.2.1, 7.3		Determination of Requirements Related to Products and Services
Document and Data Control:	3.2	4.1	4.5	4.2.3		Creating and Updating
Purchasing:	N/A	5	4.6	7.4.1 - 7.4.3		Control of Externally Provided Processes, Products and Services
Control of Customer Supplied Product:	3.6	7.2	4.7	7.5.4		Property Belonging to Customers or External Providers
Product Identification and Traceability:	N/A	6.1	4.8	7.5.3		Identification and Traceability
Process Control:	3.4	6.2	4.9	6.3, 6.4, 7.5.1, 7.5.2		Infrastructure
Inspection and Testing:	3.1, 3.2.1, 3.12	6.1, 6.2, 6.3	4.10	7.1, 7.4.3, 7.5.3, 8.1, 8.2.4		Monitoring, Measurement, Analysis and Evaluation
Control of Inspection, Measuring and Test Equipment:	3.3	4.2-4.5	4.11	7.6		Monitoring and Measuring Resources
Inspection and Test Status:	3.5	6.7	4.12	7.5.3		Identification and Traceability
Control of Nonconforming Product:	3.7	6.5	4.13	8.3		Control of Nonconforming Outputs
Corrective and Preventive Action:	3.2.3	1.3, 3.5	4.14	8.5.2, 8.5.3		Nonconformity and Corrective Action
Handling, Storage, Packaging, Preservation, and Delivery:	3.6	6.4	4.15	7.5.1, 7.5.5		Control of Production and Service Provision
Control of Quality Records:	3.2.2	3.4	4.16	4.2.4		Control of Documented Information
Internal Quality Audits:	N/A	N/A	4.17	8.2.2, 8.2.3		Internal Audit
Training:	N/A	N/A	4.18	6.2.2		Competence/Awareness
Servicing:	N/A	1.3	4.19	7.5.1		Post Delivery Activities
Statistical Techniques:	N/A	6.6	4.20	8.1, 8.2.3, 8.2.4, 8.4		Monitoring, Measurement, Analysis and Evaluation

INSPECTION TEST PLAN

		Page: _____ of _____	
		Date: _____	
Department:		Responsible Authority:	
Team Designation:			

Form Rev: Orig

INSPECTION TEST PLAN

[illegible]

Form Rev: Orig

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Your Logo

Inspection Test Plan for (Program Name) check-off each box when complete.

[illegible]

Form Rev: Orig

INSPECTION TEST PLAN

Origination Date: (month year)

Document Identifier:	Name, Number, Unique ID

Abstract:

This document describes inspections and test for...

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REVISION LOG

Issue	Date	Comment	Author
0-0			

DOCUMENT CHANGE RECORD

Issue	Item	Reason for Change

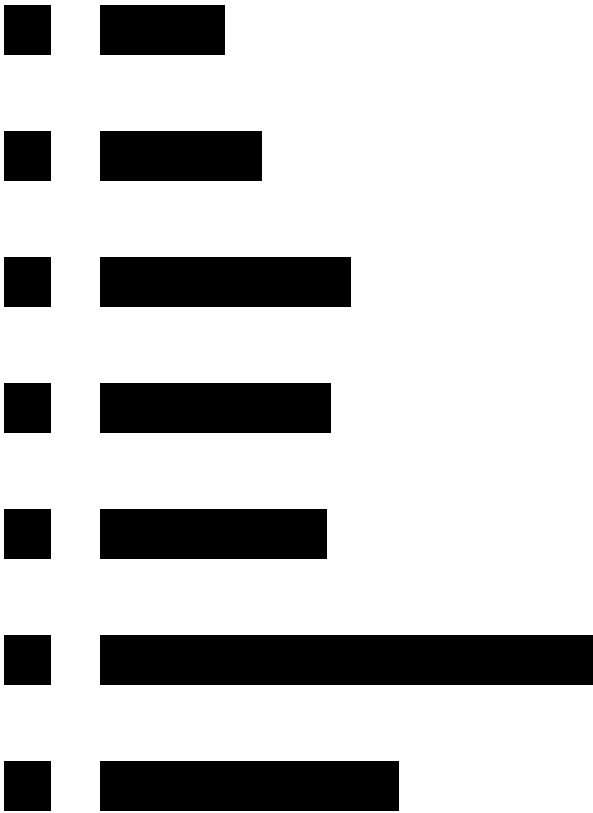
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Application		Revisions			
Next Assembly	Used On	Rev	Description	Date	Approved

Form Rev: Orig

INSPECTION TEST PLAN

STEP	RESPONSIBILITY	ACTION
1 <input type="checkbox"/>	Operator PPE A/R	
	IF	THEN
2 <input type="checkbox"/>	Operator PPE A/R	
	IF	THEN
3 <input type="checkbox"/>	Operator PPE A/R	
	IF	THEN
4 <input type="checkbox"/>	Operator	
5 <input type="checkbox"/>	Operator	
	IF	THEN
6 <input type="checkbox"/>	Operator PPE A/R	
7 <input type="checkbox"/>	Operator PPE A/R	
	IF	THEN
8 <input type="checkbox"/>	Operator PPE A/R	
9 <input type="checkbox"/>	Operator PPE A/R	
10 <input type="checkbox"/>	Operator PPE A/R	
	IF	THEN

Note 1: Sample

Step 1: ??	Step 2: ??	Step 3: ??

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<div>Dimensions are in inches unless otherwise specified Tolerances are: Fractions: ±1/32" Decimals: .xx=±0.03" Decimals: .xxx=±0.010" Angles: ±2°</div>				New Drawing EO Number:		Your Logo Your City, State	
Approvals		Signature		Date			
Checked (Engineer)							
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Inspection Test Plan				

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1.0 PURPOSE

Rev	Nature of changes	Eff. Date	Approved by
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