

Add to Cart

RECEIVING INSPECTION

Origination Date: XXXX

Document Identifier:	Receiving Inspection
Date:	Latest Revision Date
Project:	Customer, Unique ID, Part Number
Document Status:	Draft, Redline, Released, Obsolete
Document Link:	Location on Server (if used)

Abstract:

This document describes the receiving inspection process.

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CAGE: xxxxx		Rev: Orig

REVISION LOG

Issue	Date	Comment	Author
0-0			

DOCUMENT CHANGE RECORD

Issue	Item	Reason for Change

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1.0 PURPOSE

This document defines the Receiving process including receiving inspection activities and includes or makes reference to [REDACTED]

2.0 THEORY

Receiving is the first line of defense to prevent [REDACTED]
[REDACTED]; however, sampling and 100% incoming inspection is [REDACTED]
[REDACTED] Receiving inspection cannot provide [REDACTED]

As a result of teaming and intelligent design, the Company [REDACTED]
[REDACTED]

3.0 PROCEDURE: RECEIVING

- All deliveries other than mail or express carrier are [REDACTED]
- The Responsible Authority (RA) shall [REDACTED]
[REDACTED]
- The RA will make a copy of the packing slip for packages received.
- If the RA notices any obvious damage to the product's packaging, they will [REDACTED]
[REDACTED]
- If okay, the RA passes the items and original paperwork to Quality for receiving inspection.

4.0 PROCEDURE: RECEIVING INSPECTION

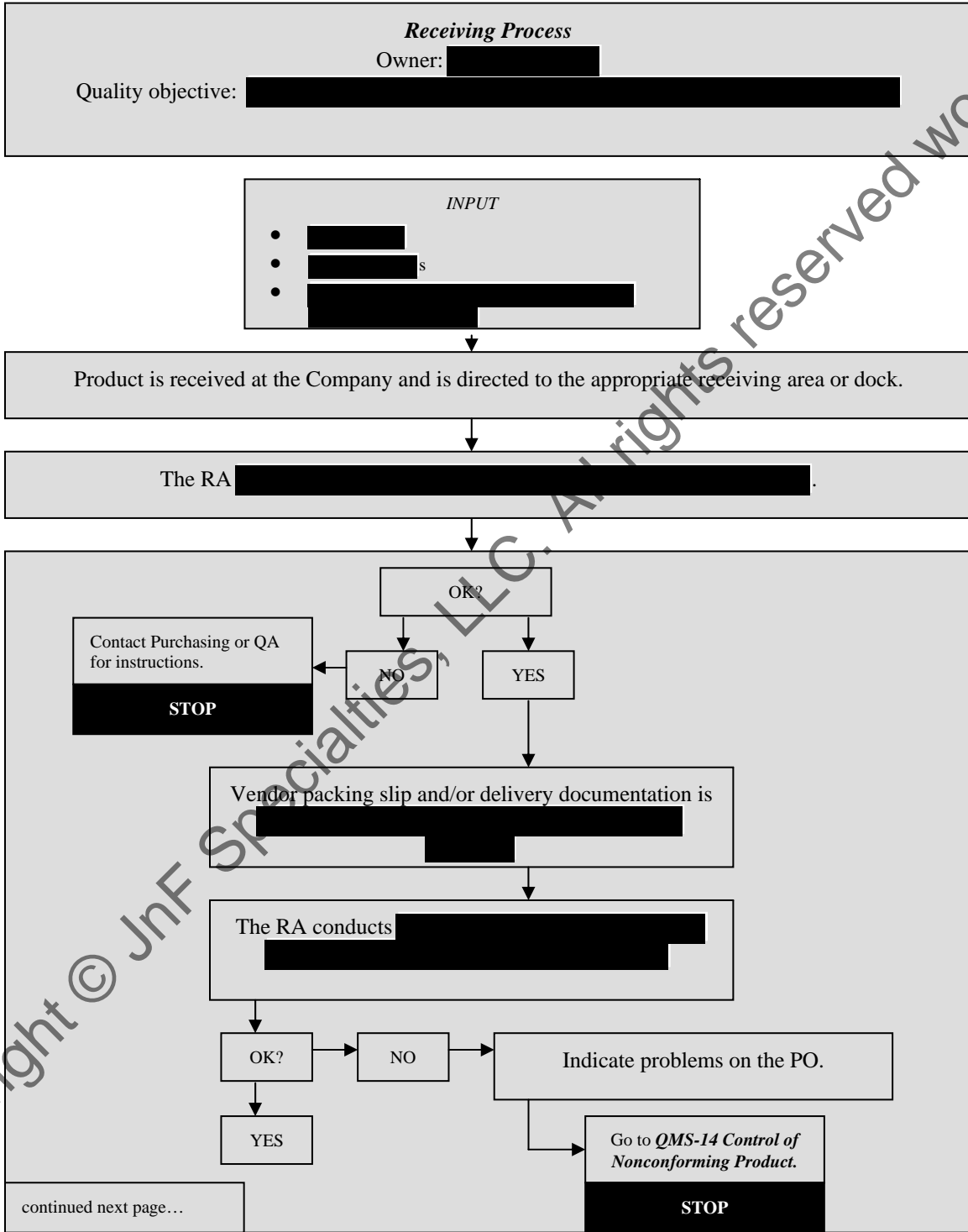
4.1 The inspector will receive the items and original paperwork from the RA and acquire [REDACTED]
[REDACTED]

4.2 Inspections are performed according to Appendix A or as required by [REDACTED]
[REDACTED] the purchase order
[REDACTED] according to [REDACTED]

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PROCESS MAP



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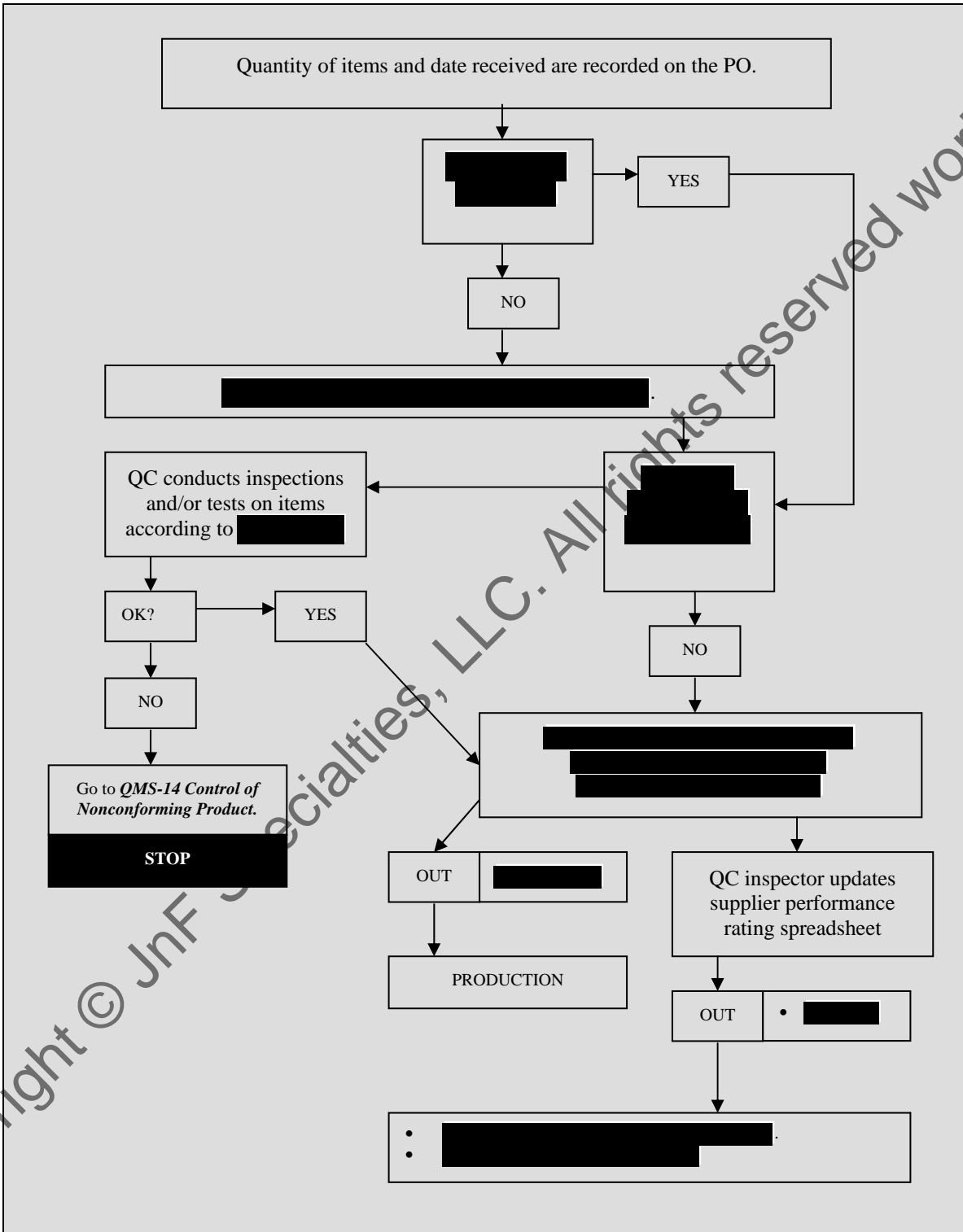
Your Logo

Your Company Name

Receiving Inspection

CAGE: xxxxx

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APPENDIX A - RECEIVING INSPECTION WORK INSTRUCTIONS

Op 1: Acquire copy of purchase order. Perform [REDACTED]

Op 2: Verify supply visually matches the drawing number and revision or catalog description and/or number specified on the PO

Op 3: Count the quantity of items received. Items exempt from counting include length of material on rolls of supply

Op 4: Verify the Supplier is approved according to [REDACTED]

Op 5: If the supply is a <Catalog/Commercial> item, measure [REDACTED]

Op 6: Perform First Piece Mechanical/Visual inspection on a new production part number to determine [REDACTED]

Op 7: SAMPLING PLAN: [REDACTED]

Op 8: Verify dimensional conformance of selected items according to [REDACTED], then [REDACTED]

Op 9: [REDACTED], then [REDACTED]

Op 10: [REDACTED]

Op 11: When raw material is accepted only by review of Supplier certificate of analysis, review the current Approved Supplier List for item criticality and perform the following activities:

For critical item: [REDACTED]

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For non-critical item:

[Redacted]

Op 12:

[Redacted]

Op 13:

[Redacted]

Op 14: Affix a Good Material Tag to accepted supplies.

[Redacted]

Op 15: If supplies are nonconforming

[Redacted]

Op 16: Complete the inspection record following its format (record applicable M&TE, lot traceability, etc)

Op 17: Complete shelf life expiration log for supplies that have an expiration date

Op 18:

according to *Appendix B*

Op 19:

[Redacted]

Op 20:

[Redacted]

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APPENDIX B - PURCHASE ORDER PROCESSING

Step	IF	THEN
1	Supply is not the Last Item on PO	Produce a copy of the PO - attach packing slip to the copy of PO and [REDACTED]
2	Supply is the last Item on PO	Attach the Supplier's packing slip to the original PO - produce a copy of the PO [REDACTED] NOTE: Each entry into the Supplier Performance Report is a re-evaluation of the Supplier approval status [REDACTED]
2.1	Supply is the last Item on PO	Optional: [REDACTED]

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Receiving Log

DATE	TIME	ITEMS	QUANTITY	REMARKS	RECEIVED BY

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QC Tags (shrink to fit application – send template to printer to make multi-part form)

GOOD MATERIAL TAG			Your Logo		
P/N:		PO #:		Date:	
████████		████		██████	
██████████		████████		██████	
██████████		████████		██████████	
██████████			██████		
████████					
██████████					

Form Rev: Orig

GOOD MATERIAL TAG			Your Logo		
P/N:		PO #:		Date:	
████████		████		██████	
██████████		██████		██████	
██████████		██████		██████	
██████████		██████		██████	
██████████		██████		██████	
██████████			██████		
██████████					
██████████					
██████████					
████████					
QC Acceptance:					

Form Rev: Orig

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Helpful Hints:

Purchase “presentation” paper in choice of color then print and cut labels as required.

Purchase peel-and-stick labels of the correct size then print as required.

WITHHOLD TAG

Date:		Item Name:	
PO #:		Item P/N:	
█		██████████	
████████████████████			

Form Rev: Orig

BAD MATERIAL TAG

Date:		Item Name:	
█		█	
█		██████████	
████████████████████			

Form Rev: Orig

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GOOD MATERIAL TAG		Your Logo		
P/N:		Rev:		Date:
PO#:		Lot#:		
MR#:		Qty Ok:		
Ready For:				
Initials:				

Form Rev: Orig

GOOD MATERIAL TAG		Your Logo		
P/N:		Rev:		Date:
PO#:		Lot#:		
MR#:		Qty Ok:		
Ready For:				
Initials:				

Form Rev: Orig

GOOD MATERIAL TAG		Your Logo		
P/N:		Rev:		Date:
PO#:		Lot#:		
MR#:		Qty Ok:		
Ready For:				
Initials:				

Form Rev: Orig

GOOD MATERIAL TAG		Your Logo		
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MR#:		Qty Ok:		
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GOOD MATERIAL TAG		Your Logo		
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PO#:		Lot#:		
MR#:		Qty Ok:		
Ready For:				
Initials:				

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GOOD MATERIAL TAG		Your Logo		
P/N:		Rev:		Date:
PO#:		Lot#:		
MR#:		Qty Ok:		
Ready For:				
Initials:				

Form Rev: Orig

GOOD MATERIAL TAG		Your Logo		
P/N:		Rev:		Date:
PO#:		Lot#:		
MR#:		Qty Ok:		
Ready For:				
Initials:				

Form Rev: Orig

GOOD MATERIAL TAG		Your Logo		
P/N:		Rev:		Date:
PO#:		Lot#:		
MR#:		Qty Ok:		
Ready For:				
Initials:				

Form Rev: Orig

GOOD MATERIAL TAG		Your Logo		
P/N:		Rev:		Date:
PO#:		Lot#:		
MR#:		Qty Ok:		
Ready For:				
Initials:				

Form Rev: Orig

GOOD MATERIAL TAG		Your Logo		
P/N:		Rev:		Date:
PO#:		Lot#:		
MR#:		Qty Ok:		
Ready For:				
Initials:				

Form Rev: Orig

WITHHOLD TAG		Your Logo	
Date:		Item Name:	
PO #:		Item Part Number:	
Lot #:		Material Report #:	
S/N:		Initials:	
Reason for Withholding:			

Form Rev: Orig

WITHHOLD TAG		Your Logo	
Date:		Item Name:	
PO #:		Item Part Number:	
Lot #:		Material Report #:	
S/N:		Initials:	
Reason for Withholding:			

Form Rev: Orig

WITHHOLD TAG		Your Logo	
Date:		Item Name:	
PO #:		Item Part Number:	
Lot #:		Material Report #:	
S/N:		Initials:	
Reason for Withholding:			

Form Rev: Orig

WITHHOLD TAG		Your Logo	
Date:		Item Name:	
PO #:		Item Part Number:	
Lot #:		Material Report #:	
S/N:		Initials:	
Reason for Withholding:			

Form Rev: Orig

WITHHOLD TAG		Your Logo	
Date:		Item Name:	
PO #:		Item Part Number:	
Lot #:		Material Report #:	
S/N:		Initials:	
Reason for Withholding:			

Form Rev: Orig

WITHHOLD TAG		Your Logo	
Date:		Item Name:	
PO #:		Item Part Number:	
Lot #:		Material Report #:	
S/N:		Initials:	
Reason for Withholding:			

Form Rev: Orig

Helpful Hints:

Purchase "presentation" paper in choice of color then print and cut labels as required.

Purchase peel-and-stick labels of the correct size then print as required.

ACCEPTED MATERIAL		Your Logo	
THIS MATERIAL HAS BEEN INSPECTED AND ACCEPTED			
P/N:		Rev:	Date:
PO#:		Lot#:	
MR#:		Qty Ok:	
Initials:			

Form Rev: Orig

ACCEPTED MATERIAL		Your Logo	
THIS MATERIAL HAS BEEN INSPECTED AND ACCEPTED			
P/N:		Rev:	Date:
PO#:		Lot#:	
MR#:		Qty Ok:	
Initials:			

Form Rev: Orig

ACCEPTED MATERIAL		Your Logo	
THIS MATERIAL HAS BEEN INSPECTED AND ACCEPTED			
P/N:		Rev:	Date:
PO#:		Lot#:	
MR#:		Qty Ok:	
Initials:			

Form Rev: Orig

ACCEPTED MATERIAL		Your Logo	
THIS MATERIAL HAS BEEN INSPECTED AND ACCEPTED			
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PO#:		Lot#:	
MR#:		Qty Ok:	
Initials:			

Form Rev: Orig

ACCEPTED MATERIAL		Your Logo	
THIS MATERIAL HAS BEEN INSPECTED AND ACCEPTED			
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PO#:		Lot#:	
MR#:		Qty Ok:	
Initials:			

Form Rev: Orig

ACCEPTED MATERIAL		Your Logo	
THIS MATERIAL HAS BEEN INSPECTED AND ACCEPTED			
P/N:		Rev:	Date:
PO#:		Lot#:	
MR#:		Qty Ok:	
Initials:			

Form Rev: Orig

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THIS MATERIAL HAS BEEN INSPECTED AND ACCEPTED			
P/N:		Rev:	Date:
PO#:		Lot#:	
MR#:		Qty Ok:	
Initials:			

Form Rev: Orig

ACCEPTED MATERIAL		Your Logo	
THIS MATERIAL HAS BEEN INSPECTED AND ACCEPTED			
P/N:		Rev:	Date:
PO#:		Lot#:	
MR#:		Qty Ok:	
Initials:			

Form Rev: Orig

ACCEPTED MATERIAL		Your Logo	
THIS MATERIAL HAS BEEN INSPECTED AND ACCEPTED			
P/N:		Rev:	Date:
PO#:		Lot#:	
MR#:		Qty Ok:	
Initials:			

Form Rev: Orig

ACCEPTED MATERIAL		Your Logo	
THIS MATERIAL HAS BEEN INSPECTED AND ACCEPTED			
P/N:		Rev:	Date:
PO#:		Lot#:	
MR#:		Qty Ok:	
Initials:			

Form Rev: Orig

Your Logo		Receiving Inspection Instructions		QC-114 Form Rev: Orig Page 1 of 1	
		Special Instructions: ANSI Z 1.4; Level I reduced, AQL 1.0 Die-controlled = 5/lot Commercial or items >50Lbs = 1/Lot	Specification:		
			Specification:		
			Approval:		
Oper	Qty	Description of Inspection Operation		Gage	Comment
R&I	---	<p>Op 1: Perform [REDACTED]</p> <p>Op 2: Verify supply visually matches the drawing number and revision or catalog description and/or number specified on the PO</p> <p>Op 3: Count the number of items in the shipment</p> <p>Op 4: Verify the Supplier is listed in the approved Supplier List</p> <p>Op 5: If the supply is a <Catalog/Commercial> item, measure [REDACTED]</p> <p>Op 6: Perform a 1st Article Mechanical/Visual inspection on a new production part number according to [REDACTED]</p> <p>Op 7: Randomly select items for [REDACTED]</p> <p>Op 8: Verify dimensional conformance of selected items according to [REDACTED]</p> <p>Op 9: Verify conformance of supplies according to [REDACTED]</p> <p>Op 10: [REDACTED]</p> <p>Op 11: [REDACTED]</p> <p>Op 12: [REDACTED]</p> <p>Op 13: Affix a Good Material Tag to acceptable supplies. [REDACTED]</p> <p>Op 14: [REDACTED] t for nonconforming supplies</p> <p>Op 15: Complete inspection record QC-108 and record the measurement tool number(s) in the Remarks field</p> <p>Op 16: [REDACTED]</p> <p>Op 17: [REDACTED]</p>			

(Your Company Name)
Dimensional Analysis Record

Item Name:		Customer:	
[redacted]		[redacted]	
[redacted]		[redacted]	
[redacted]		[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]		[redacted]	
[redacted]		[redacted]	
[redacted]		[redacted]	

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REQUEST FOR SUPPORT

Nonconformance Continuous Improvement Opportunity Calculated Risk Release

SUBCONTRACTOR: _____

DATE RECEIVED: _____

RFS#:

SHEET ____ OF ____

Traveler#:	Op#:	Quantity Received:	Job Number:
Item Name:	Description: ID S/B Spec#, Para# & IS Condition w/Quantity & Dimension Affected		# Discrepant
Dwg/Spec:			
Part#:			
Part# Rev:			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			
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[REDACTED]	
[REDACTED]	
[REDACTED]	

[REDACTED] <input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED]	
[REDACTED] <input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED] <input type="checkbox"/>	
CLASSIFICATION	Disposition - check all that apply
MAJOR	<input type="checkbox"/> Scrap <input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED]
MINOR	<input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED]
NONE	<input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED]

Approvals and Effectivity Verification

[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	

REQUEST FOR CORRECTIVE ACTION

1	RFCA#:	Date:	NCMR#:
2	<input type="checkbox"/> Internal	<input type="checkbox"/> External	
3	To:	Return To: Your Co. Attention: Address:	
4	[Redacted]		
	[Redacted]		
	[Redacted]		
	[Redacted]		
	[Redacted]		
	[Redacted]		
	[Redacted]		
	[Redacted]		
	[Redacted]		
	[Redacted]		
12	[Redacted]		
	[Redacted]		

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[Redacted] Rev: Orig

Your Logo

**INVESTIGATION AND
CORRECTIVE ACTION
REQUEST**

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ICAR Responsible Supplier: _____

Customer: _____ Part# _____ Applicable Customer P.O or Job # _____

[Redacted content]

9. Congratulate the Team!

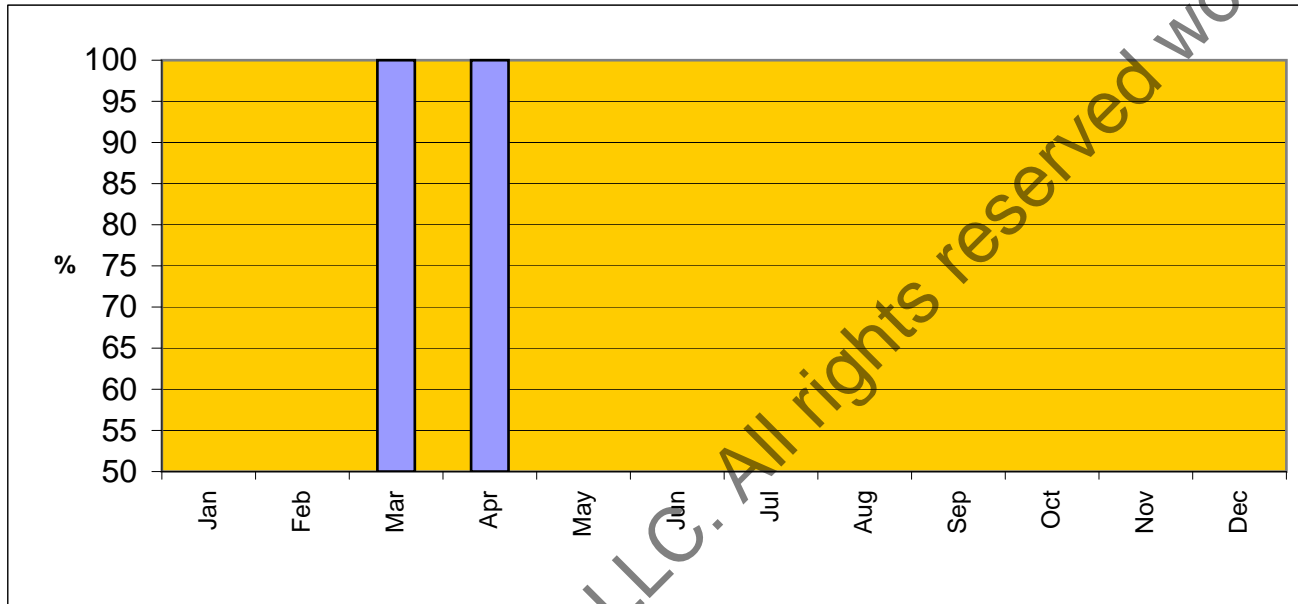
Shelf Life Expiration Log

Description:						Date Received:			
P/N:				Rev:				PO#:	
Supplier Lot#:									
Location:									
[REDACTED]									

Form Rev: Orig

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Supplier Performance Rating



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Supplier Number: #

Quality Performance

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Rating %			100	100								
Pieces Received			5	5								
Pieces Accepted			5	5								

Performance Rating Standards



Supplier Name:	(name)
Overall Rating %:	100

Your Company Name
 Address
 Phone
 Fax
 Email

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