

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

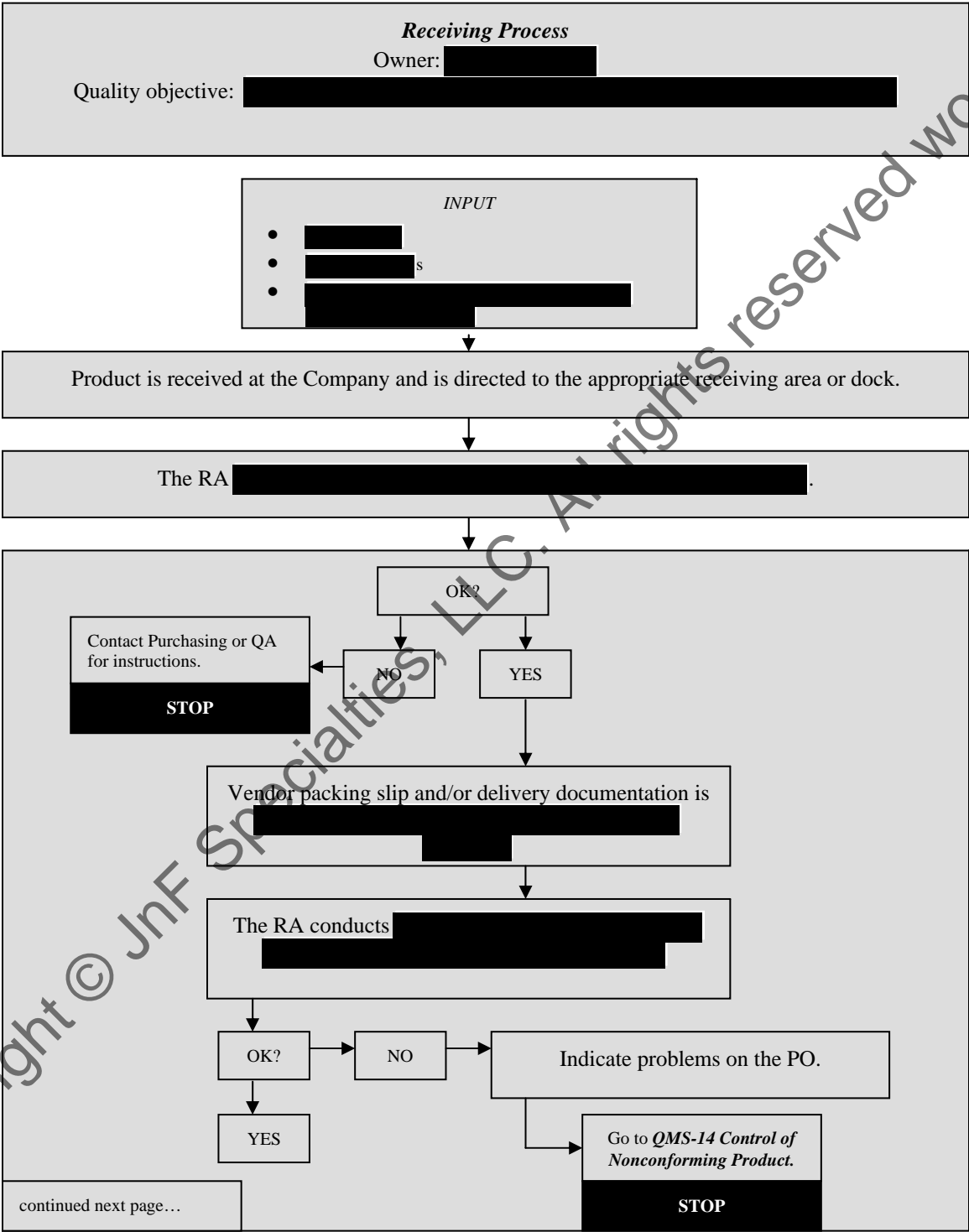
4.1 The inspector will receive the items and original paperwork from the RA and acquire [REDACTED]  
[REDACTED]

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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For non-critical item:

Op 12:

Op 13:

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

Op 15: If supplies are nonconforming

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:

Op 20:

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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]  <b>NOTE:</b> 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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QC Tags (shrink to fit application – send template to printer to make multi-part form)

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

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[illegible]

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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:	

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BAD MATERIAL TAG			
Date:		Item Name:	

Form Rev: Orig

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

Form Rev: Orig

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

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

Form Rev: Orig

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

Form Rev: Orig

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

Form Rev: Orig

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

Form Rev: Orig

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

Form Rev: Orig

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

Form Rev: Orig

<b>WITHHOLD TAG</b>		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.

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

Form Rev: Orig

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

Form Rev: Orig

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

Form Rev: Orig

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PO#:		Lot#:	
MR#:		Qty Ok:	
Initials:			

Form Rev: Orig

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PO#:		Lot#:	
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Initials:			

Form Rev: Orig

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Initials:			

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MR#:		Qty Ok:	
Initials:			

Form Rev: Orig

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

Form Rev: Orig

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

Form Rev: Orig

<b>ACCEPTED MATERIAL</b>		Your Logo	
<b>THIS MATERIAL HAS BEEN INSPECTED AND ACCEPTED</b>			
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 &lt;Catalog/Commercial&gt; 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>				

Drawing No:										RECEIVING INSPECTION REPORT									
Item Name:										Your Co									
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2																			
3																			
4																			
5																			
6																			
7																			
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Your Logo

QC-108 Form Rev: Orig

## (Your Company Name) Dimensional Analysis Record

[illegible]

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# First Piece Inspection Report

[illegible]

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# Your Logo

[illegible]

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## REQUEST FOR SUPPORT

☐ Nonconformance    ☐ Continuous Improvement Opportunity    ☐ Calculated Risk Release

SUBCONTRACTOR: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**RFS#:**

SHEET \_\_\_\_\_ OF \_\_\_\_\_

[illegible]

## Approvals and Effectivity Verification

[illegible]

## REQUEST FOR CORRECTIVE ACTION

[illegible]

Rev: Orig

Your Logo	<b><u>INVESTIGATION AND CORRECTIVE ACTION REQUEST</u></b>
-----------	---

Your Logo	<b><u>INVESTIGATION AND CORRECTIVE ACTION REQUEST</u></b>
-----------	---

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**ICAR Responsible Supplier:** \_\_\_\_\_

**Customer: \_\_\_\_\_ Part# \_\_\_\_\_ Applicable Customer P.O or Job # \_\_\_\_\_**

[illegible]

## 9. Congratulate the Team!



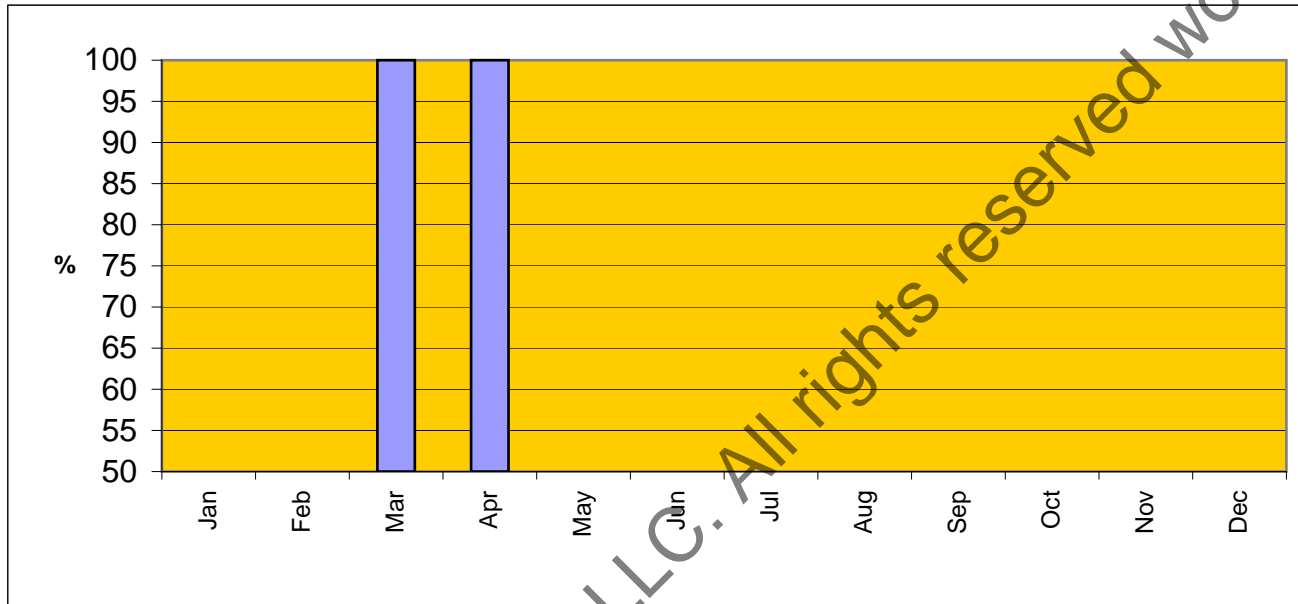
## Shelf Life Expiration Log

Description:						Date Received:			
P/N:		Rev:		PO#:					
Supplier Lot#:									
Location:									
<div style="background-color: black; width: 100px; height: 80px;"></div>									

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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

Add to Cart