

# First Article Quality Inspection Form

Part Name

Part Number

Customer

Drawing Number / Rev

Date

Order Quantity

Sample Quantity

Inspector

Product Description

## Inspection Results

Feature or Dimension	Specification	Measurement	Result (Pass/Fail)	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add or remove table rows as needed to match the number of features.

Non-Conformance Details (if any)

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Approved By

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Approval Date

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