

# First Article Inspection Report

Report No.:

Date:

Customer Name:

Part Name:

Part Number:

Drawing Number/Rev.:

Order Number:

Supplier Name:

Quantity Inspected:

Sampled Lot Size:

Item No.	Drawing Feature	Specification	Measurement	Result (Pass/Fail)	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pass <input type="button" value="▼"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pass <input type="button" value="▼"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pass <input type="button" value="▼"/>	<input type="text"/>

Inspector Comments:

Inspected By:

Date:

Reviewed By:

Date:

Approved By:

Date: