GA-EMS Assigned Inspection Number:

| REQUESTING COMPANY INFORMATION |
| --- |
| **Company Name:** |  |
| **Point of Contact (POC):** |  |
| **POC Phone Number:** |  |

| INSPECTION INFORMATION |
| --- |
| **Complete Inspection Address:** |  |
| **Inspection POC:** |  |
| **Inspection Date(s) / Start Time(s):** |  |
| **Inspection Duration:** |  |
| **Inspection Type:** |  |
| **Inspection Drawing Note Number(s):** |  |
| **Total QTY inspected for this contract:** |  |
| **Total QTY rejected at hold point during inspection:** |  |
| **Additional Information:** |  |

| MATERIAL/PART INFORMATION |
| --- |
| **Contract Number:** |  |
| **Purchase Order (PO) Number:** |  |
| **Line Item Number:** |  |
| **Part Number(s):** |  |
| **Part Description(s):** |  |
| **Quantities:** |  |
| **Critical Safety Item (CSI) / Critical Characteristics?** | [ ]  Yes [ ]  No |
| **Additional Information:** |  |