

Sample ID:

Type of Inspection: _____

Date Inspected: ____/____/____

Material Code: _____ Material: _____

Brand Name: _____ Desc 1: _____ Desc 2: _____

Rep. Quantity: _____ Units _____ Items: _____ Desc 3: _____

Sampled From: _____ MFG. Control Number: _____

Assign to:

Item Code	Ref No.	Quantity
_____	_____	_____
_____	_____	_____
_____	_____	_____

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