Sample Inspection Report	Rev: B	Sign: JF	Form: 1001	G.W.P. AG *Manufacturing Services*
Date:	Report No.:		valid: 24-May-08	

Project: _____ Status: _____ Customer/No.: _____

Description: _____

Drawing No.: _____ Cust. TD: _____ Supplier/No: _____

Sample QTY: _____ Receiving Date: _____

Material: _____ Color: _____ Surface: _____

Acc to Mold drawing No.: _____ Mold cavities: _____

Acc to Mold drawing ( ) Yes ( ) No if No – changes are –

No.	Specifications	Tol.	Sample Spec.				Last sample / Approved sample		Remark
			A	B	C	Judge	A	B	

Remark

Measuring tools: _____

Checked by: _____ Date: _____

Review: ( ) GM ( ) QC Dept ( ) Production ( ) Merchandiser