## **Quality Control Inspection Test Result**

Project	Name:				
Part/Co	omponent:				
Drawin	g Number:				
Batch/l	₋ot No.:				
Date:					
Inspect	ed By:				
Insp	ection Crite	ria & Results	;		
No.	Inspection Item	Specification	Measured Value	Result (Pass/Fail)	Remarks
Inspector's Comments:					
Final Disposition:					
Approved By:					
Date:					