

QA Mechanical Report Traveler

Reference: Kyra Quality Process, rev 02 Jan 2008, Section 6

Application: This traveller will facilitate proper inspection and acceptance procedure for mechanical parts and assemblies, and the resolution of noncompliances.

Distribution: The master copy of this Worksheet shall be maintained in the Quality Folder, as Appendix QA-A-6.4 of the Kyra Quality Procedure. This traveller shall be attached to the relevant Purchasing Traveler, and maintained in the Procurement folder as specified in Section 5.5.2.d) of the Quality Procedure. Closed travellers and their attachments shall be maintained the the Vendor Informaiton Folder as specified in Section 5.2.2.c).

1. Purchase order identification

External Vendor Product () Kyra Fabricated Product () Deliverable (Y/N) _____

Purchase order or work order number:	Date of issue
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2. Acceptance data

Receive date:	Where/how inspected:
Inspection date:	
Drawing or specification number:	Quantity Inspected:
Inspector:	Controlled test and measuring equipment used: () All parts/assemblies inspected/tested () Sample test/inspect <i>Specify method on reverse .</i>

3. Inspection items

Is the part damaged in any manner? (Dents, scratches, nicks, etc.)	() No () Yes <i>(describe)</i>
Are the gross dimensions of the part correct? (Length, width, thickness)	() Yes () No <i>(describe)</i>
Are dimensions for other features of the part correct?	() Yes () No <i>(describe)</i>
Have specified chemical finishes been applied?	() Yes () No <i>(describe)</i> () N/A
Have specified markings been applied correctly?	() Yes () No <i>(describe)</i> () N/A

4. Complete this section only if noncompliance is noted above.	
Is the part damaged beyond repair?	() Yes () No <i>(describe)</i>
Is the part suitable for use despite noncompliances?	() No () Yes <i>(describe)</i>

() See attached notes for additonal information.

5. Final disposition

<input type="checkbox"/> Accept <input type="checkbox"/> Reject <input type="checkbox"/> Repair/Rework <i>(attach or reference instructions)</i>	Signature: _____ Date: _____
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