



DESIGNATED INDEPENDENT VERIFICATION REPRESENTATIVE (DIVR) OVERINSPECTION PLAN

This form is to be completed by all suppliers required to perform third party overinspection.
Shipping parts without performing inspection is grounds for revoking UTC member authorization to release.

(1) Supplier Name/Address					(2) Supplier Code	(3) Page of	
(4) Part Number or Process	(5) Change/Revision Letter	(6) PO/SUPP #	(7) LOT	(8) Parts are Conforming	(9) Date	(10) Remarks	
SQAR Preparing Plan: _____				Phone Number: _____		Fax Number: _____ <i>(Supplier fax copy of completed plan to SQAR)</i>	
(11) Item #	(12) Characteristic to be verified and Acceptance Criteria				(13) Observed Actual (Range)	(14) Conforming Quantity	(15) Rejected Quantity
DESIGNATED INDEPENDENT VERIFICATION REPRESENTATIVE (DIVR) CERTIFICATION							
I have personally performed and recorded a verification inspection in accordance with the requirements listed above							
DIVR Signature: _____					Date: _____		
Company Name and Employee # _____					Printed Name: _____		

(16) NONCONFORMANCES

Item Number Quantity

Observed Value/Condition

INSTRUCTIONS FOR COMPLETING DIVR OVERINSPECTION PLAN

All entries to be made in ink. Person to complete block is in parenthesis, e.g. SQAR)

(SQAR) **1-2: Self-explanatory**

(SQAR) **3: PAGE:** For sequential page numbering and total number of pages used.

(SQAR) **4: PART NUMBER:** The item number of the assembly or detail. If a process is involved covering more than one part number, enter process specification.

(SQAR) **5: CHG LTR:** Applicable engineering change.

(SQAR) **6: P.O. & SUPP #:** applicable purchase order and supplement.

(Supplier) **7: LOT:** enter number of pieces available for inspection. (Reference ASQR 20.1, for definition of LOT).

(Supplier) **8: Parts are Conforming:** On parts submitted to a DIVR, sign or stamp when 100% overinspection has been performed and accepted MRB requirements are approved prior to DIVR overinspection. If parts are then found nonconforming by the DIVR, the SQAR will issue a NOPQE.

(Supplier) **9: Date:** date verification completed.

(SQAR/Supplier) **10: remarks: SQAR** - enter any special instructions to Supplier or DIVR.

Supplier – enter serial numbers of parts being submitted, if applicable.

(SQAR) **11: Item #:** Sequentially number items to be verified (1,2,3 etc.).

(SQAR) **12: Characteristic to be Verified & Acceptance Criteria:** description of feature, characteristic, process or other requirement for which an escape occurred in the 90 days prior to and subsequent to Supplier DPPM exceeded 4,000.

(DIVR) **13: Observed Actual:** enter end points of total range of measurements and observations.

(DIVR) **14: conforming Quantity:** Self explanatory

(DIVR) **15: Rejected Quantity:** If nonconformances are found, note quantity rejected, complete Block 16 and notify the SQAR immediately.

(DIVR/Supplier) **16: Nonconformances:** DIVR – indicate item number, observed value or condition, and quantity.

Supplier – Provide your company's internal nonconforming/rejection tag number.