

## QUALITY VERIFICATION CHECKLIST

**SHIPMENT INFORMATION**

Supplier name \_\_\_\_\_ Supplier code \_\_\_\_\_ Facility/Location \_\_\_\_\_  
 Purchase order no. \_\_\_\_\_ Packing slip no. \_\_\_\_\_ Quantity shipped \_\_\_\_\_  
 Part no. E/C Ltr. \_\_\_\_\_ Part name \_\_\_\_\_ Serial no./lot no. \_\_\_\_\_

UTC Member: HSD  UTCFC  PW  PWC  AO  SAC

**MATERIAL INFORMATION:** Answer all Questions; Check N/A if the question is not applicable to this shipment. Use Ink.

	YES	NO	N/A	
1. Source inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Approved self release supplier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. First lot for this part number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check yes if hardware has not been produced in last two years
4. Dimensional/visual inspection documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. First Article Inspection (FAI) performed on this lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Changes to FAI approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe change on back
7. Raw material certification within limits*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Test pieces required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of test pieces in this shipment:
9. Nonconforming material/product Processed per E-SRON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E-SRON# _____ quantity _____ List additional E-SRON's on back
10. Customer returned material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Customer documentation #
11. QPL (Qualified Products List) material *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Nondestructive Tests completed*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Engineering Approved Sources required*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Approved Material Sources required*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Approved Process Sources required*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Distributor*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Pattern/Die number & codes apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List Identification:
18. Casting/Forging Raw Material*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Functional Testing performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List Test Spec or dwg requirement:
20. Is Acceptance Test Procedure approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Government acceptance stamp/signature applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Packaging and Preservation completed per PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**\*Note:** List all suppliers and required information for raw material, processes, QPL, ESA, NDT, distributor's on the back of this form.

**ATTACHMENTS:** Test Data  Raw Material Certification  Source Inspection Report  E-SRONs   
 (check all that apply) AS9102 First Article Inspection Forms  Other (specify)

# Quality Verification Checklist

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## APPROVED MATERIALS, ENGINEERING APPROVED & SPECIAL PROCESSES PER DRAWINGS AND SPECIFICATIONS:

Drawing/Specification No.

Approved Supplier Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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## NONDESTRUCTIVE TESTS APPROVED SUPPLIER INFORMATION:

NDT

Approved Supplier Name

_____	_____
_____	_____
_____	_____
_____	_____

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## QUALIFIED PRODUCTS LIST INFORMATION:

QPL material/detail

QPL Source (Supplier)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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## CASTING/FORGING SUPPLIERS, RAW MATERIAL SUPPLIERS & DISTRIBUTOR'S MANUFACTURERS:

Supplier Name and Address

_____
_____
_____
_____

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## OTHER; (Miscellaneous information, additional serial numbers & identification, Lot and Date codes, FAI changes, E-SRON's etc.)

_____
_____
_____
_____
_____
_____
_____

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**Note: All entries made by the QC/QA representative on this form must agree with your internal documentation.**

QC/QA

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Your signature certifies that the articles accepted on this form conform to all applicable purchase order requirements