

Cloverdale
 Murphy
 Check mark above indicates User Plant or Plants that must complete this Form D.



Form D
 ISIR No. _____
 (MGM Use Only)

Initial Sample Inspection Report Sheet ____ of ____
Summary Report

Supplier Name _____
 Address _____ City _____ State _____ Zip _____
 Part No. _____ Part Name _____ B/P Revision No. _____
 Mold No. _____ Tool No. _____ No. of Cavities _____

- New Tool
- Tool Rework
- Process Change
- New Part/Supplier
- Transferred Tool
- Engineering Change
- # Resubmission
- 1 yr. Time Lapse

To Be Completed By MGM Only
 A. Dimensional Accept Reject
 Material Finish Accept Reject
 By _____ Date _____

Supplier Checklist

Marked Print & Samples Form A
 Material Certification Form A
 Plating Certification Form A
 Heat Treat Certification Form A
 Control Plan
 Capability Studies on all SPC & K Dim
 IMDS Uploaded: www.mdsystem.com

C. Manufacturing\QA Murphy
 Accept Reject Not Used
 By _____ Date _____
 Manufacturing\QA Cloverdale
 Accept Reject Not Used
 By _____ Date _____

Samples Made on Production Tools and Set-up
 Yes No

ES Test / ET No. _____ Testing Not
 Accept Reject Required
 By _____ Date _____

Additional Hand or Tool Room Work Performed
 Yes No

MGM Design Engineering
 Accept Reject
 By _____ Date _____

Deviation Request Attached
 Corrective Action Attached

MGM Quality Assurance - Murphy
 Accept Reject Not Used
 By _____ Date _____
 MGM Quality Assurance - Cloverdale
 Accept Reject Not Used

We hereby certify that we believe the above inspection results are correct and that our samples meet all MGM specifications.

Signature of Responsible Supplier Rep. _____
 Title _____ Date _____

Comments

Comments

cc: Supplier's Quality Assurance Manager
 cc: Corporate Engineering Corporate QA Corporate Purchasing
 Plant Material Control Plant QA