

Cloverdale
 Murphy
 (User Plant or Plants)



A Division of Indian Head Industries, Inc.

Form D

ISIR No. _____
 (MGM Use Only)

Sheet ____ of ____

Initial Sample Inspection Report Summary Report

Supplier Name _____

Address _____ City _____ State _____ Zip _____

Part No. _____ Part Name _____ B/P Revision No. _____

Mold No. _____ Tool No. _____ No. of Cavities _____

- | | | |
|--------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> New Tool | <input type="checkbox"/> Transferred Tool | <input type="checkbox"/> Deviation Request Attached |
| <input type="checkbox"/> Tool Rework | <input type="checkbox"/> Engineering Change | <input type="checkbox"/> Corrective Action Attached |
| <input type="checkbox"/> Process Change | <input type="checkbox"/> # Resubmission | |
| <input type="checkbox"/> New Part/Supplier | <input type="checkbox"/> 1 yr. Time Lapse | |

Supplier Checklist

- | | | |
|----------------------------------------|--------|--------------------------|
| Marked Print & Samples | Form A | <input type="checkbox"/> |
| Material Certification | Form A | <input type="checkbox"/> |
| Plating Certification | Form A | <input type="checkbox"/> |
| Heat Treat Certification | Form A | <input type="checkbox"/> |
| Control Plan | | <input type="checkbox"/> |
| Capability Studies on all SPC & K Dim. | | <input type="checkbox"/> |

To Be Completed By MGM Only

A Dimensional Material/Finish Accept Reject
 Accept Reject
 By: _____ Date: _____

C Manufacturing Accept Reject
 By: _____ Date: _____

Samples Made on Production Yes
 Tools and Set-up No

ES Test _____ Accept Reject

Additional Hand or Tool Yes
 Room Work Performed No

ET No. _____

By _____ Date: _____

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

Comments:

Signature of Responsible Supplier Rep. _____

Deviation No. _____
 (Form EF 3870)

Title _____ Date _____

MGM Engineering Final Acceptance

Comments:

Accept Reject

By: _____ Date: _____

MGM Quality Assurance Final Acceptance

Accept Reject

By: _____ Date: _____

cc: Supplier's Quality Assurance Manager

cc: Corporate Engineering
 Corporate QA
 Corporate Purchasing

Plant Material Control
 Plant QA