

Quality Control Verification Form

Part # _____ Part Name _____

Batch ID _____

Dimension 1 _____ Dimension 2 _____ Dimension 3 _____

Dimension 4 _____ Dimension 5 _____ Dimension 6 _____

QC Dept. Notes

Part Needs Specification Yes No

Notes

Person Requesting _____
First Last

Phone _____ Email Address _____