

Hold / Rework Form

First Name _____ **Last Name** _____ **Phone** _____
Date _____ **Part #** _____ **Quantity** _____
Initial _____ **Part Name** _____ **Shift** 1 2 3
Lot # _____

Operation

	Forging		Hobbing		Drill Cell		Hard turn		Bushing
	Soft Turn		Deburr/Marking		Heat Treat		Grinding		Assembly

Describe in detail reason parts are suspect

<b style="text-align: center;">Disposition Authorization Name _____ Phone _____ Date _____	<input style="width: 100%; height: 15px;" type="checkbox"/>	sort							
	<input style="width: 100%; height: 15px;" type="checkbox"/>	rework							
	<input style="width: 100%; height: 15px;" type="checkbox"/>	scrap							
	<input style="width: 100%; height: 15px;" type="checkbox"/>	other	_____						

MRB comments:

Scrap

Part # _____ **Lot #** _____ **Piece Count** _____

Rework/Sort Instructions

Rework / Sort						
Operation	Hours	Date (month-day-year)	Total Parts	Accepted	Rejected	Initial

Total Hours	_____	Accepted Total	_____	Rejected Total	_____
Scrapped	_____	Other	_____	Lot #	_____
Date	_____	Signed	_____		

Final Approval	
Operations _____	Date _____
Quality _____	Date _____

