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| Page 1 of  | DETAILED INSPECTION PLAN | CURRENT ISSUE BY: D.A.CRAWFORD | ITEM NO.  | D.I.P. ISSUE  |
| Part Name:  | First Article: [ ] Prod. Audit: [ ]  | Date: | Batch Qty:   | WOR Number:  |
| Cross Part Number | Cross Dwg. Rev.: | Date | **Iss.** | **By** | **Description** |
| Customer Part Number**-** | Customer Dwg. Rev.:**-** |  |  |  |  |
| Supplier CROSS MNFG. Co. (1938) Ltd | Supplier Code |  |  |  |  |
| Comments / Special Instructions **PLEASE ENSURE ALL RESULTS BOXES AND STAMP / SIGNATURE BOXES ARE FILLED IN ACCORDINGLY****HANDWRITTEN RESULTS MUST BE LEGIBLE****MEASUREMENT METHOD / EQUIPMENT CHANGES ARE NOT PERMITTED WITHOUT Q.A. APPROVAL** |  |  |  |  |
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| **\* = KEY CHARACTERISTIC / CTQ / CUSTOMER REQUIREMENTS, FIRST TIME MADE, SOURCE RELEASE REQUIREMENTS****ACTUAL RESULT DATA (RANGES) MUST BE RECORDED IN BOX (OR COMMENT "SEE CMM/VMR REPORT" ETC).****WHERE THERE IS NO KEY CHARACTERISTICS (\*) REQUIRED, RECORDING OF ACTUAL RESULT DATA (RANGES), OR ‘OK’ IS STILL REQUIRED. DO NOT LEAVE EMPTY BOXES** |

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| OPERATION  |
| CHAR NO. | DRAWING REQUIREMENT | RELEVANT REFERENCE | MEASUREMENT METHOD / EQUIPMENT | ACCEPT PLAN | **\*** | RESULTS | PASS / FAIL | NCR REF |
|  |  |  |  | 100% | **\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Pass Fail  |  |
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| **VERIFICATION / OPERATION COMPLETED (STAMP)** |  |