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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 |
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| **VERIFICATION / OPERATION COMPLETED (STAMP)** | | | | | | | |  |