

								FM No :	
	<b>INCOMING INSPECTION REPORT</b>							Rev.No. :	
								Eff. Date:	
RAW MATERIAL <input type="checkbox"/>				JOB WORK <input type="checkbox"/>					
PART NAME:				Supplier Name:				Lot Qty:	
PART NO:				Invoice /Challan No:				Date :	
S.NO	DESCRIPTION	SPECIFICATION	INSPECTION METHOD	1	2	3	4	5	Judgement
Legend :						OK		○	
						Accepted Under Deviation		△	
						Not OK		X	
Checked By.						Approved By:			