

Moulding Department Inspection Report

Customer name: _____

Cust acc.: _____

Sales order: _____

Item number: _____

RMA: _____

Quantity: _____

Reason for return: _____

Defects: _____

Diagnosis: _____

Parts required: _____

Repair/salvage time: _____

Inspected by: _____

Date: _____

Production department comments: _____

Repair under warranty: Yes / No

Cost of repair: _____

Print name: _____

Signed: _____

Date: _____

