

Factory: \_\_\_\_\_ Model: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Lot size: \_\_\_\_\_ Sampling size: \_\_\_\_\_ Ship to: \_\_\_\_\_

Serial number range: \_\_\_\_\_ Status of Inspection:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Customer Ref: \_\_\_\_\_ Brand: \_\_\_\_\_ Rating: \_\_\_\_\_ P/O: \_\_\_\_\_

Main Shipping Mark:	Side Mark:	<b>Packing Info:</b> [Barcode: _____] No./CTN: _____ Total CTN: _____ <input type="checkbox"/> Green Dot on GB/MC <input type="checkbox"/> Polybag <input type="checkbox"/> Gift Box <input type="checkbox"/> Recycle mark on GB/MC <input type="checkbox"/> Bubble bag <input type="checkbox"/> White Box <input type="checkbox"/> <input type="checkbox"/> Paper bag <input type="checkbox"/> Brown Box <input type="checkbox"/> <input type="checkbox"/> Polyfoam <input type="checkbox"/> Clam Shell <input type="checkbox"/>
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1. Manual version:  English  French  German  Spanish  Dutch  Italian  Greek  Portuguese  \_\_\_\_\_
2. AC power cord/AC Adaptor:  VDE  UL  BS  SAA  Other \_\_\_\_\_
3. Warranty card:  Yes  No ( Printed in IB  Separate sheet) Language/s: \_\_\_\_\_
4. Accessory:  Yes  No (\_\_\_\_\_)
5. Spare:  Unit \_\_\_\_\_%  I/B \_\_\_\_\_%  G/B \_\_\_\_\_%  M/C \_\_\_\_\_%  Part \_\_\_\_\_%  Others \_\_\_\_\_
6. Safety Marking:  CE Mark \_\_\_\_\_  UL \_\_\_\_\_  GS \_\_\_\_\_  Double Insulation \_\_\_\_\_

Serial number	Description of Defects	(A)	(B)	(C)	Remark

Inspection Type:  Reduced  Normal  Tightened  Full Check

Inspection Level:  I  II  III  S-1  S-2  S-3  S-4

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Acceptable Quality Level (AQL)</th> <th style="width: 20%;">Allowable</th> <th style="width: 20%;">Actual</th> </tr> <tr> <td style="padding: 5px;"><b>(A) Critical Defect</b></td> <td style="padding: 5px;">0 case</td> <td> </td> </tr> <tr> <td style="padding: 5px;"><b>(B) Major Defect</b></td> <td style="padding: 5px;"><input type="checkbox"/> 0.65% <input type="checkbox"/> 1.0% <input type="checkbox"/> 1.5%</td> <td> </td> </tr> <tr> <td style="padding: 5px;"><b>(C) Minor Defect</b></td> <td style="padding: 5px;"><input type="checkbox"/> 2.5% <input type="checkbox"/> 4.0%</td> <td> </td> </tr> </table>	Acceptable Quality Level (AQL)	Allowable	Actual	<b>(A) Critical Defect</b>	0 case		<b>(B) Major Defect</b>	<input type="checkbox"/> 0.65% <input type="checkbox"/> 1.0% <input type="checkbox"/> 1.5%		<b>(C) Minor Defect</b>	<input type="checkbox"/> 2.5% <input type="checkbox"/> 4.0%		➔	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">JUDGMENT</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> <b>PASSED</b></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> <b>REJECTED</b></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> <b>PENDING</b></td> </tr> </table>	JUDGMENT	<input type="checkbox"/> <b>PASSED</b>	<input type="checkbox"/> <b>REJECTED</b>	<input type="checkbox"/> <b>PENDING</b>
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**Inspection Standard Reference: ISO 2859-1 / MIL-STD 105-E**

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|--|---|---|
| <input type="checkbox"/> Drop Test: _____<br><input type="checkbox"/> Dismantle Test: _____<br><input type="checkbox"/> Critical Part Checklist (see attached) | <input type="checkbox"/> Adhesion Test: _____<br><input type="checkbox"/> Aging Test: _____<br><input type="checkbox"/> Reduce/Excess voltage Test: _____ | <input type="checkbox"/> Factory tests conducted:<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |
|--|---|---|

Report includes: <input type="checkbox"/> Page 1 (Cover page) <input type="checkbox"/> Page 2 (SN/Additional Info) <input type="checkbox"/> Page 3 (Critical part checklist) <input type="checkbox"/> Annex (Photo Docs) <input type="checkbox"/> Others ( )	Inspected by: _____ <div style="text-align: center;">(Name/Signature)</div>	Acknowledged by Factory: _____ <div style="text-align: center;">(Name/Signature/Dep't)</div>	Reviewed/Confirmed by (Client): _____ <div style="text-align: center;">(Name/Signature)</div>
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A) SAMPLING INSPECTION SERIAL NUMBER										
										10
										20
										30
										40
										50
										60
										70
										80
										90
										100
										110
										120
										130
										140
										150
										160
										170
										180
										190
										200

**B) ADDITIONAL INFORMATION:**

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