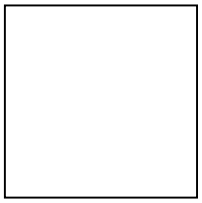
PLASTICS MOLDING COMPANY
INSPECTION CHECK SHEET

CUSTOMER_____ PART #_____

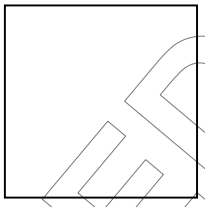
PART NAME_____ PRESS_____

FIRST PART ACCEPTANCE



DATE:_____
TIME:_____

LAST PART ACCEPTANCE



DATE:_____
TIME:_____

DATE	TIME	ACC.	REJ.	DEFECT	CORRECTIVE ACTION

UNCONTROLLED