



# QUALITY INSPECTION REQUEST FORM

Format No. :

Rev. No. :

Rev. Date. :

Q.I.R.F # :

Date :

Request Send through

// // Email

// // Hard Copy

// // Network Sharing

Requested to

Department

Request Given by

Purchased Product Name & Description

Product Received Date

Supplier

Location At Storage

Location - Contacts

Technical Ref. Docs.

Our Requirements

Purpose of Purchase

Total Quantity

% inspection  
Required

Witness, if any

Agreement No.

Remarks:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Purchase - H.O.D.

Received by:

Sign. :

Date. :

Manager - Q.C. / Q.A.

Form Copies:

Manager - Q.C. / Q.C., Email:

Manager - General., Email:

Quality Engineer., Email: