Format no.			
Date of V.I.R.F:	V.I.R.F. No.:		
Customer ID: Customer Name:			
Customer Purchase Order No & Date:			
Work Order No:	Work Order Date:		
Inspection Criteria			
Acceptance Level			
Dimensional / Sizes inspection			
Sr.No Description		Testing –Visual Observations	Comments
Remarks			
Inspector Note			Inspected by / Sign & Stamp
Manager – Quality Assurance / Quality Control			
Manager – Quality Assurance / Quality Control			