Customer: Your Company's Name
and information

Phone:
Fax:
E-Mail:
Requested By:

Inspection Facility: Actco Metrology Services
202 Westview Drive
P.O. Box 1429
Meadville, Pennsylvania 16335
Phone: (800) 382-0393
Fax: (814) 337-8288
E-Mail: actcomet@ActcoMetrology.com

ACCREDITED
Calibration Laboratory
CERT #1347.01

INSPECTION INFORMATION

Purchase Order:
Part Description:
Part Number:
Drawing Number:
Revision Level:
Material:
Unit of Measure:

Signatory: _____
Printed name: _____

Inspection Number:

	Min	Max

Temperature:
Humidity:
Date Received:
Date(s) of Inspection:
Date Completed:

Inspector:
Was there a program written?

Machine(s) used for inspection	Uncertainty	Calibration Due
	Units?	
	Units?	
	Units?	
	Units?	

Program Name

Instructions for inspection:

As found condition: Items described above were examined on above stated date and found to be in suitable condition for the inspection process.
Any abnormalities, if found, were judged not to affect the validity of the results.
All measurements reported are traceable to the SI Unit through NIST, derived from reference standards.
This laboratory meets R205 – Specific Requirements: Calibration Laboratory Accreditation Program for the types of dimensional
tests listed in this report and is considered equivalent to that of a calibration.
Unless otherwise specified all dimensions fall inside our scope of accreditation to A2LA requirements.
These results apply only to the samples as received.
Machine Uncertainty based upon the ISO GUM. Uncertainty value represents uncertainty expressed at approximately 95% confidence level at k=2.
These results were assessed using the simple acceptance / rejection decision rule.
This report shall not be reproduced except for in full without written approval from Actco Metrology Services.
Temperature certified with Cole-Parmer Thermohygrometer SN: 170153174   Cert. AMS008-19-07-03358-1   Due 7/20

Your Company's Name

Part# 0 _____   Rev.: 0 _____   Date: 1/0/00 _____   Inspection No. 0 _____

A ballooned copy of the print appears here.

Your Company's Name

Part# 0 _____   Rev.: 0 _____   Date: 1/0/00 _____   Inspection No. 0 _____

Dim No.	Feature	Nom	+ Tol	- Tol	Parts / Cavities Checked				Discrepancy Column #
					1	2	3	4	