

TEXTRON SYSTEMS SOURCE INSPECTION REQUEST

Email this form to SUPPLIERQUALITY@textronsystems.com, your Textron Systems buyer, and assigned Textron Systems Supplier Quality Engineer
SUBMIT THIS FORM AT LEAST 7 DAYS IN ADVANCE OF YOUR REQUESTED INSPECTION DATE.

DATE OF REQUEST:					REQUESTED INSPECTION DATE:					
SUPPLIER/ADDRESS:		COMPANY NAME:								
		STREET ADDRESS:								
		CITY, STATE, ZIP:								
SUPPLIER CONTACT NAME, EMAIL, & PHONE #:										
TEXTRON SYSTEMS BUYER:										
OTHER SUPPLIER CONTACTS:										
PRODUCT TO BE INSPECTED										
DUE DATE	PO NUMBER	PO LINE NUMBER	TOTAL LINE ITEM QTY	REQUESTED INSPECT QTY	PART NAME	PART NUMBER	DRWG REVISION	SERIAL NUMBER (1)	PO QUALITY CODES	DATE OF LAST FAI

(1) If an item includes both a Supplier and Textron Systems Serial Number, both serial numbers must be identified. Attach separate list if necessary.