TEXTRON SYSTEMS SOURCE INSPECTION REQUEST

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

Supplier Information:

DATE OF REQUEST:	REQUESTED INSPECTION DATE:
SUPPLIER ADDRESS/COMPANY NAME:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
SUPPLIER CONTACT NAME, EMAIL & PHONE NUMBER:	
TEXTRON SYSTEMS BUYER:	
OTHER SUPPLIER CONTACTS:	

Product to be Inspected:

PO #	PO LINE #	TOTAL LINE ITEM QTY	REQUESTED INSPECT QTY	PART NUMBER	PART NAME/DESCRIPTION	DWG. REVISION	SERIAL NUMBER	PO QUALITY CODES	DATE OF LAST FAI

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

Notes:

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Product to be Inspected (Overflow):

PO #	PO LINE #	TOTAL LINE ITEM QTY	REQUESTED INSPECT QTY	PART NUMBER	PART NAME/DESCRIPTION	DWG. REVISION	SERIAL NUMBER	PO QUALITY CODES	DATE OF LAST FAI