

TMI SUPPLIER RAW MATERIAL CERTIFICATION STATEMENT

SUPPLIER NAME: _____

PART NAME: _____

SUPPLIER LOCATION: _____

PART #: _____

REQUIRED MATERIAL NAME / TYPE (Per drawing): _____

ACTUAL RAW MATERIAL NAME / TYPE : _____

RAW MATERIAL LOT #: _____

REQUIRED STANDARD (Per drawing)	ACTUAL STANDARD USED	ACCEPTANCE CRITERIA PER REQUIRED STANDARD (Unit of measure to be specified according to drawing standard)	ACTUAL TEST RESULTS (Unit of measure to be specified according to drawing standard)	JUDGMENT		DEVIATION # (If required)	CORRECTIVE ACTION for deviation) (Required)
				PASS	FAIL		
		(Results must be recorded in the same unit of measure.)					
SPECIAL COMMENTS:							

TEST DATE(s): _____

LAB NAME: _____

LAB LOCATION: _____

(Please attach copy of lab accreditation with certification at initial submission.)



LAB TECHNICIAN	SUPPLIER QC MGR.
DATE: _____	DATE: _____

TMI APPENDIX 24A
 CONTROL #TM-QA-FM-06-351
 REVISION: 6/07/905