

FMVSS / CMVSS REGULATION ITEM DATA SUBMISSION

DATE: _____

SUPPLIER NAME: _____ SUPPLIER CODE: _____

CONTACT: _____ MODEL: _____

PART NAME: _____ PART NUMBER: _____

INSPECTION PERIOD: _____

INSPECTION ITEM CLASSIFICATION (F) (C) CMVSS
 (CHOOSE ONE OR BOTH AS APPLICABLE):

THE FOLLOWING INFORMATION SUMMARIZES THE RESULTS OF THE CRITICAL INSPECTION ITEMS
 ACTUAL INSPECTION RESULTS ARE ATTACHED

S
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P
P
L
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E
R

NO.	INSPECTION ITEM	SAMPLE SIZE	RESULTS		COMMENTS
			OK	NG	

SUPPLIER QC SIGNATURE				
	APPROVED	APPROVED	CHECKED	ORIGINATOR
TITLE				
SIGN & DATE				

T
M
I

D
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S
I
G
N

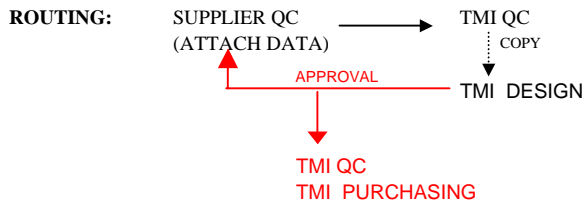
TMI QC/QE RESPONSE:

DATE: _____

RESULTS: ACCEPTED
 NOT ACCEPTED

TMI QC/QE SIGNATURE				
	APPROVED	APPROVED	CHECKED	ORIGINATOR
TITLE				
SIGN & DATE				

COMMENTS: _____



TMI APPENDIX 28A
 REVISION - NEW
 REVISION DATE: 12/06/04