INSPECTION DEPARTMENT, MEDICAL DEPARTMENT, UNITED STATES OF AMERICA

Date of report_____ {Contract / Order} Date_____ {Contract / Order} No._____

Contractor_____ Manufacturer_____

Contractor's address_____

Article_____

{Contract / Order} Quantity_____

Previously reported accepted_____

Accepted under this report_____

Total accepted_____

Quantity rejected at this inspection and reason for rejection_____

_____

Inspector's report based on inspection of _____ pieces.

Construction and material as specified, except as noted_____

_____

_____

[Name of inspector]