1. SUPPLIER (Name and address)

QA SURVEILLANCE CONTROL

contract.									2. DATE OF AGREEMENT				
3. VISIT DATE		4.		5. VERIFICATION			3. VISIT DATE		4. 5. VERIFICATION				/ERIFICATION
a. DUE	b. COMPLETED		AT. SP.	a. ACC'D			a. DUE	b. COMPLETED	MAT. INSP.		a. ACC'D		b. SPECIFICATION NUMBER
		Y E S	N O	Y E S	N O	(If sample accepted)			Y E S	N O	Y E S	N O	(If sample accepted)