



GKN Aerospace Chem-tronics Inc.

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SOURCE INSPECTION REQUEST

Supplier: _____	Contact: _____
Address: _____	Title: _____
_____	Telephone: _____
_____	Fax: _____

P.O.# _____	Part/Rev# _____	
P.O.# _____	Part/Rev# _____	
P.O.# _____	Part/Rev# _____	
Qty: _____	Date: _____	Time: _____
Sign/Date _____		

Instructions for use of this form:

- Fill in all information on lines above.
- List Date and Time part will be ready for inspection in lines above.
- Fax form to fax number listed above.
- All parts, certifications, and supporting documentation must be complete and ready for review when inspector arrives at your facility.
- **All** non-conformances and deviations from P.O. and/or blueprint must be dispositioned in writing by Chem-Tronics before source inspector arrives at your facility.