

CMM / INSPECTION REQUEST

COMPLETE INSPECTION SPECIALISTS
 44319 MACOMB INDUSTRIAL DRIVE
 CLINTON TWP., MI 48036
 PHONE: 586-466-5993
 FAX : 586-466-5981



PLEASE COMPLETE THE REQUESTED INFORMATION

DATE SHIPPED DATE DUE

COMPANY NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____

PHONE _____ FAX _____

E-MAIL ADDRESS _____

TO BE CHECKED:

PARTS	FIXTURES	GAUGES	TOOLS	MODEL	OTHER
QUANTITY					

DATA SOURCE:

INSPECTION REPORT	DATA SHEET	BLUEPRINT	IGES	OTHER	TBF / CNC

PART NUMBER: _____ **E/C LEVEL** _____

PART DESCRIPTION: _____

YOUR S/O OR P.O. # _____

TOLERANCES:

SURF	TRIM	NETS	FEELER	LOCATORS	CLR SURF
FLUSH	PINS	HOLES	MISC	GENERAL TOL	OTHER

TO BE COMPLETED BY CIS

DATE REC'D	<input style="width: 100%;" type="text"/>	SHIPPED	<input style="width: 100%;" type="text"/>	CIS NUMBER	<input style="width: 100%;" type="text"/>
	YES	NO		YES	NO
DRAWING(S):	<input style="width: 100%;" type="text"/>	GD&T SHEETS		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

COMMENTS: _____

