



TO BE COMPLETE BY PRODUCTION MANAGER PRIOR TO ISSUANCE			
Issuing Mgr.		Date/Time	/ :
Batch #		Station #	
# of Units		Serialization sequence	-
Equipment Name	Internal ID #	Calibration Due Date	Last Calibrated Date
Station prepared per SOP-XXXXX		<input type="checkbox"/> Y / <input type="checkbox"/> N (if NO, record reason below)	

Associated Work Instructions (WI) and/or SOPs		WI-XXXXX	
Operator:		Date Run Initiated	/

Handle Body AL Molding Intake Inspection			BOM # XX-XXXX	
Visual inspection (pass/fail) performed?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Performed by/Date:		
Notate # of units failed inspection below, as well as reason(s) for inspection failure				
If greater than five units fail inspection, notify production station manager prior to continuing.				

Unit Body AL Intake Inspection			BOM # XX-XXXX	
Visual inspection (pass/fail) performed?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Performed by/Date:		
Notate # of units failed inspection below, as well as reason(s) for inspection failure				
If greater than five units fail inspection, notify production station manager prior to continuing.				

Assembly					
Unit Serial	iWeld 97 <input type="checkbox"/> 80w <input type="checkbox"/> 100w			Sand-blasted? <input type="checkbox"/> Y <input type="checkbox"/> N	Initials
	Side A Time	Side B Time	Side C Time		
				: <input type="checkbox"/> AM <input type="checkbox"/> PM	
				: <input type="checkbox"/> AM <input type="checkbox"/> PM	
				: <input type="checkbox"/> AM <input type="checkbox"/> PM	
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				: <input type="checkbox"/> AM <input type="checkbox"/> PM	

### Quality Control Events Table

Use this table to record quality events including procedure, equipment, or materials deviations, CAPAs, ECO validation, etc.  
 For deviations, record whether the deviation was planned or unplanned. Record any associated CAPA or ECO number.

- ☐ Planned deviation
- ☐ Unplanned deviation
- ☐ CAPA # \_\_\_\_\_
- ☐ ECO # \_\_\_\_\_

### Review & Approval

# Units PASSED

# Units FAILED

For any failed units, notate reason below

# Units sent to rework \_\_\_\_\_

# Units scrapped \_\_\_\_\_

Rework Schedule by/date:

Batch Reviewed and Approved By:

Production Manager

Date:

Quality Reviewer

Date:



***This page may be excluded from printed production copies.***

**REVISION HISTORY**

REVISION	SECTION	CHANGE & AUTHOR

***Attach the following to printed copies of this BMR:***

ITEM	DESCRIPTION
Spec Sheet	