

Measurement Specialists

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Customer:			
Tool Name:			
Part Number:			
Tool Number:			
EC Level			
Type of Tool:			
Program:			
Remarks:			
Date Inspected:			
Job Number:			
	*Note – This Certificate Cover Page came with a supporting inspection report.		
~ Certificate of Inspection ~			

~ Certificate of Inspection ~				
Room Temperature: Part Temperature: Humidity:	X Body Length: Y Body Length: Z Body Length:	CMM/PMS Model: Serial Number: Inspection Method: Calibration Date: Software/Version:		
		uality Technician	Stamp	



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