

Quality Inspection Report (Inprocess Inspection)

Report No	QIRI20253635	Select the Appropriate Inspection Stage / Process							
Date	14-07-2025	Inspection of Blanks (Punched)							
Production Order	PR025-0930	FLATTENING SECTION X-X							
Item Code	CC SB 22	COINING OA F							
Product Description	CLEAR CORNEA SB 2.2 mm								
DHR No	20251682								
Batch No	PU0205/2025	N H E							
Reference Drawing	SECPL/CS22/05								

SI.N o.	Parameter	Requirement	Instrument . Used	Setup Approval (Actual Readings/Observation)										Result	
				1	2	3	4	5	6	7	8	9	10	(Complied / Not Complied)	Remarks
Α	Wire Diameter	0.80 ± 0.005 mm	DM	0.802	0.803	0,804	0.805	0.803	0.8024	0.805	0.804	0.805	0.805	Compleed	
F(B)	Width of the flat	2.30 ± 0.10 mm	DVC	2.31										Compleed	
F(E)	Thickness of the flat	0.22 ± 0.01 mm	DM	0,219	0.221	0.224	0.225	0.227	0,226	0.224	0.225	0.219	0.220	Compled	
C(B)	Width of the blank	2.40 ± 0.10 mm	DVC	2:41		2.42	2,43	2.44	2.39	2:41	2.40	2.42	2,41	Compleol	
C(C)	Cutting length of the blank (LHS)	3.10 ± 0.20 mm	DVC	3,09		3.05	3.12	3.11	3.04	3.11	3.17	3.16	3.09	Compled	<u></u>
CICI	Cutting length of the blank (RHS)	3.10 ± 0.20 mm	DVC	3.14	3.16	-5,10	3.17	3.12	3.12	3.16	3.12	3.11	3.12	Complied	
	Pre notch length	23.40 ± 0.50 mm	DVC	23.39	23.41	23,246	23,55	23,52	23.56	23,47	23.39	23,42	23.)4	Compleed	
C(F)	Flash land thickness	0.05 ± 0.01 mm	DM											Compled	
C(G)	Blank thickness	0.23 ± 0.01 mm	DM											Compled	
C(H)	Depth Marking	2.25 ± 0.1 mm	DVC		2.24	2 1	2.29							Complied	
*	Surface Finish	Deffects Free	Microscope	Ose	ok	OK	OK	OK	Ox	OK	OK	OK	OK	Compled	
Insp	nspected By (Name) LAKSHMI.						Signature (with date)						-2025.		

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Effective Date: 28-04-2023



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SI.N o.	Parameter	Date and Time	Instrument Used	Inj	orocess S	Inspected by	Remarks									
				1	2	3	4	5	6	7	8	9	10	(Signature)	Kelliarks	
	Width of the blank Cutting length of the blank Blank Thickness Visual Checks	12:00 PM	DVC DVC DM VISUAL/MICROS	V	~	~	V	V		-	_		~	65		
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Sample Inspected Quantity 125 PCS. Accepted Batch Quan				INTITY PCS			Remarks									
efec	ts Observed (Type)	(N. 15) 1-3	1.4													
Post Quality Inspection Result					Inspected By (Name)			LAKSHMI.			Approved By (Name)		ame) MUI	MURIGESHAPPA R		
Batch conform to the requirement and approved					Signature			14-04-2025.			Signature		ich	US		
☐ Batch do not conform to the requirement and not approved							te		14-0x			with da	te		14-07-2025	
ote:	Annexure to be provided fo	r additional test report (if	required)		4.				2							

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