| MI PART NO: REV:                             |                                     |       |                        |                      | PO NUMBER:               |                               |                             | TRAVELER NO./ ARM NO. /LOT#. |         |             |  |
|--|-------------------------------------|-------|------------------------|----------------------|--------------------------|-------------------------------|-----------------------------|------------------------------|---------|-------------|--|
| 541-0258-001 2                               |                                     |       |                        | 7009217              |                          |                               | mf410204                    |                              |         |             |  |
| DESCRIPTION OF MATERRIAL                     |                                     |       |                        |                      | MODEL OR SERIAL NO.      |                               |                             | REC.INSP                     | IN PRO  | OCESS       |  |
| FOAM TEC RIGHT TRAY ICH (INS1008384)         |                                     |       |                        |                      |                          |                               |                             | Г                            |         |             |  |
| (  |                                     |       |                        |                      | <u> </u>                 | INSDE                         | INSPECTION PLAN             |                              |         |             |  |
|  | NAME OF VENDOR                      |       |                        | SAMPLE INSP          |                          |                               |                             |                              | ARTICLE |             |  |
| v  | MARIAN FORT WORTH, INC.             |       |                        | <b>F AQL</b> : LEVEL |                          |                               | <b>₽</b>                    |                              | Г       |             |  |
| Ε  |                                     |       |                        | QUANTITY             |                          |                               |                             |                              |         |             |  |
| N<br>D                                       | STREET ADDRESS                      |       |                        |                      | RECEIVED                 | INSPECT                       |                             | DEFECTIVE REJECTED           |         | D           |  |
| 0  | 1501 NORTHPARK DRIVE FORT WORTH     |       |                        | 20                   | 20                       | 2                             | 20 20                       |                              |         |             |  |
| R  | CITY: USA STATE: TX ZIP CODE: 76102 |       |                        | REPORT WRITTEN BY    | DATE                     | •                             |                             |                              |         |             |  |
|  |                                     |       |                        | Lê Tất Sơn           | 10/24/2018               |                               |                             |                              |         |             |  |
| ITEM   |                                     | QTY   | DESCRIPTION            |                      | DEFECT                   | RESPON                        |                             |                              | DISP'N  |             |  |
| 1 2  |                                     | 20    | WIRE DAMAGE;           |                      | DAMAGED;                 | ENGINEE                       | SINEERING                   |                              | REWORK  |             |  |
| DEFECT CODE RESPONSIBILITY DISPOSITION       |                                     |       |                        |                      |                          |                               |                             |                              |         |             |  |
| 1. BURRS 8. Flatness                         |                                     |       |                        | 1. VENDOR            | Δ                        | A. RETURN TO VENDOR(VEN. EXP) |                             |                              |         |             |  |
| 2. DAMAGED                                   |                                     |       |                        |                      | 2. PURCHARSING           |                               |                             |                              |         |             |  |
| 3. DESCRIBE                                  |                                     | E     | 10. MARKING            |                      | 3. PRODUCTION            | C.                            | C. REWORK                   |                              |         |             |  |
| 4. DIMENSIONAL                               |                                     | NAL   | 11. Paperwork          |                      | . TEST D. SCRAP          |                               |                             |                              |         |             |  |
| 5. E   | DIRTY                               |       | 12. PLATING            |                      | 5. ENGINEERING E. USE AS |                               | IS                          |                              |         |             |  |
| 6. E   | PRAWING                             | ERROR | 13. SCRATCH            |                      | . MARKETING F. SALVAG    |                               | Ε                           |                              |         |             |  |
| 7. E   | XPIRE                               |       | 14. SOLDER             |                      | 7. SHIPPING              | G.                            | DESCR                       | IBE                          |         |             |  |
|  | SURFAC                              |       | A D DITION AL INICEDIA |                      | 8. DESCRIBE              |                               |                             | luion                        |         | D. 4. T. E. |  |
| ITEM   |                                     | QTY   | ADDITIONAL INSTRU      |                      |                          |                               |                             | INSP.                        |         | DATE        |  |
| 1  |                                     | 10    | ACCEPTED with rema     | rk: ADA;             |                          |                               |                             | Nguyen Thi Thuy Trang        |         | 10/24/2018  |  |
| 1 1  |                                     | 10    | RETURN TO VENDOF       | R (MI EXP) w         | th remark: 132;          |                               |                             | Truong Thi Thanh Truc        |         | 10/24/2018  |  |
| CORRECTIVE ACTION:   NOT REQUIRED   REQUIRED |                                     |       |                        |                      | NOTIFCATION              | IS                            | ISSUED CA REQUEST NO: DATE: |                              |         |             |  |
| FOLLOW UP NOTES: see detail in NCR database  |                                     |       |                        |                      |                          |                               |                             |                              |         |             |  |
|  |                                     |       |                        |                      |                          |                               | ACCTG, USE ONLY             |                              |         |             |  |
|  |                                     |       |                        |                      |                          |                               | REMOVED FROM:<br>BOOK INV:  |                              |         |             |  |
| ADDITIONAL INSTRUCTION                       |                                     |       |                        |                      |                          |                               |                             | ISSUE DEBIT MEMO             |         |             |  |

FORM #005-0033 REV A