

WORK AUTHORIZATION

ID: _____

CUSTOMER: _____

JOB INSTRUCTION SHEET	MODEL/PART #:	REQUIRED QUANTITY:	DATE:	DEPTPARTMENT:	PREPARED BY:	SUPERVISOR:
	MODEL/PART NAME:					
#	STEP	QUALITY CHECK		NOTES	RATE TIME	CYCLE TIME
		SAMPLING	TOOL			
ADDITIONAL COMMENTS:					TOTAL TIME	

CREATED BY: _____
CHECKED BY: _____EFFECTIVE DATE: _____
EFFECTIVE DATE: _____