

Slit Size Inspection

Date: _____ Work Order: _____

Size of Cuts	Beginning Width	Mics	(Paxson Only) Middle Mics	End Width	Mics

Non-Conformance

Yes*/No** (If Yes, Description)

Surface Defects _____

Burrs _____

Shape _____

Defects _____

Initials

*Need Resolution, OK'd or Segragated

**No Non-Conformance Present

Operator	Helper