

# Slitting Order

Date:	Customer:
Work Order #:	Date Run:

## Incoming Inspection Checklist

Tag #	Gauge & Width	Type	Tag Wgt.	RB	Olsen	Actual Wgt.	Width	Mic

Cutting Instructions:

Slit Tolerance:	Max O.D:	Max Skid Wgt:	I.D:
Gauge Range:		Salesman:	

Special Instructions:

**1 Cuts with some defect but okay to ship**

\_\_\_\_\_ Cut Size  
 \_\_\_\_\_ Cut Weight  
 \_\_\_\_\_ Defect  
 \_\_\_\_\_ Approved By

**2 Cuts Rejected**

\_\_\_\_\_ Cut Size  
 \_\_\_\_\_ Cut Weight  
 \_\_\_\_\_ Tag No. or No.'s  
 \_\_\_\_\_ Reason for Reject

**3 Ok to move material for shipment or to Stock**

\_\_\_\_\_ Name  
 \_\_\_\_\_ Date