

QA-FRM-00.21.0100

Refer QA-PRO-00.21.0100 CMS Operating Instruction and Reporting Requirements for example data and graphics to complete this form.
Sheets can be duplicated as needed.

Company Name					Company Address		
CMS Contact Name		CMS Contact email			CMS Contact Phone Number		
CMS Inspection Plan							
Part Number & Revision		Description			Project		Page of
CMS Program Number & Revision		Remark		Date	Prepared/Stamp		Approved
CMS Equipment Brand/Model/Serial#		Last Calibration	Calibration Exp Date				
CMS Software Name		Version					
Name#	Type	Revision		Storage		MBD/DPD Name(s)	
Comments							

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Part Number & Revision	Set Up Instruction for :	Page	of
CMS Program Number & Revision	Fixture to Measuring Device Orientation	Alignment:	
		Primary:	
		Secondary:	
		Tertiary:	
Remarks:			
1)			
2)			
3)			
4)			

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Part Number & Revision	Set Up Instruction for :	Page	of
CMS Program Number & Revision	Part to Fixture Orientation	Alignment:	
		Primary:	
		Secondary:	
		Tertiary:	
Remarks:			
1)			
2)			
3)			
4)			

Fixture/Datum Simulator/Equipment & Rev

Datum Simulator Point Map

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of



Part Number & Revision

Product Features Point Map

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