## **Dimensional Layout**

Supplier	Part Number	B/P Level
Name of the Inspection Facility	Part Name	Customer
Name of the inspection racinty	rativane	Customer

#	DESCRIPTION	SPECIFI	CATION	MEASUREMENT RESULTS			Ok			
	(Dimension)	Low Limit	High Limit	1	2	3	4	5	6	Not Ok
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Signature	Title	Date