

# REDACTED

Your Company Name		MFG/QA TRAVELER Your Title		Your Form # Page 1 of 3

OPER DEPT Description of Task SIGN MR - ECP - ACN Date Gage

PART I					
5					
10					
20					
21	QC	Request Customer Source.			
23	CUST	Perform Monitoring.			
25					
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30					

PART II					
40					

DEFINITIONS:

OPER	DEPT	Description of Task	SIGN	MR - ECP - ACN	Date	Gage
115	QC	[REDACTED]				
120	ENG & TECH	[REDACTED]				
122	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				

**PART III**

128	TECH	Computer program: Name: _____ Rev: _____				
128.1	TECH	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				

**PART IV**

201	QC	[REDACTED]				
203	QC	[REDACTED]				
205	QC	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				

COMMENTS:

OPER	DEPT	Description of Task	SIGN	MR - ECP - ACN	Date	Gage
230	TECH	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
267	QC	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
271	QC	[REDACTED]				
273	QC	<b>Request Customer Source Inspection for FINAL ACCEPTANCE.</b>				
275	CUST	<b>Perform Source Inspection IAW contract requirements. Acceptance is defined as approval of the end item data package and the contract end items.</b>				
280	PROD	[REDACTED]				
285	QC	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				

COMMENTS:

**Manufacturing/QA Traveler, Style 2**  
**Your Item's Name**  
**Drawing No: Your Dwg No.**

Revisions			Rev:	
Date	Change Number - Description		Approval	
Special Instructions:	Use Your # for sign-off upon completion of Operation - use black ink.			
Used On	Contract#:			
Prepared By:		Date		
Your Dept:		Date		
Your Dept:		Date	<b>Mfg/QA Traveler</b>	
Your Dept:		Date	Your Traveler #	
Your Dept:		Date	Size: <b>A</b>	CAGE: <b> </b>
			Your Form # (mo/yr)	1 of 3

Your Company Logo



