

ARGONNE NATIONAL LABORATORY

ACCEPTANCE CRITERIA LISTING

1. DISTRIBUTION: Group Files, T. Barsz

INSPECTION REQUIRED:

4. ORIGINATOR'S NAME & DIVISION: Requester's Name 5. PHONE: - 6. DATE: 00/00/0000

9. FOR INSPECTION, DELIVER TO BLDG. NO.: DIVISION: ATTN.:

10. AFTER INSPECTION, DELIVER TO BLDG. NO.: DIVISION: ATTN.:

11. REFERENCES AND/OR REMARKS:

Note 1: The PARIS Sytem will send the shipment(s) to the destination listed on line 8. Note 2: The APS QA Plan requires nonconformances to reported to the Division QAR.

15. ORIGINATOR OF PLAN: Enter Requester's name DATE: 00/00/0000

16. PLAN REVIEWED/APPROVED BY: Enter Group Leader Name DATE: 00/00/0000

17. QAR CONCURRENCE WITH PLAN: Tom Barsz DATE: 00/00/0000

3. ACL NO.: **LINE NBR: 1**

7. PART NO. & NAME: 8. QUANTITY:

12. STEP NO.	13. INSPECTION/TEST REQUIREMENT	14. INSPECTION TEST LOCATION	18. ACCEPTED BY OR NONCONFORMANCE REPORT NO.	19. DATE
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| 1 | Note: The following steps are examples of typical Acceptance Criteria: | | Leave blank |
| 2 | Visually Inspect for shipping damage | T. Barsz | When performed |
| 3 | Visually Inspect for overall workmanship | ASD QA | |
| 4 | Dimensionally inspect per highlighted print | Central Shops | |
| 5 | Functional Test by requester | Requester Name | |