

QUALITY CONTROL INSPECTION SUMMARY FORM*

Verification of Attributes Report (VAR) Number

Date

INSPECTION DATE	NAME OF INSPECTOR	IDENTIFICATION OF PRODUCT INSPECTED (MODEL NO., ETC.)	ANY PROBLEMS FOUND?	
			YES**	NO

*This summary form must cover inspections conducted from the date of the last published evaluation report to the present. **Form must be completed and signed by a representative of the inspection agency.**

☐ No inspections were conducted (Please specify reason. Use additional sheets as necessary.)

**Explain any problems found during inspection and attach a copy of the inspection agency's report.

Signature

Name of signer (type or print), and title

Name of Inspection Agency

Agency telephone number / e-mail contact

Report holder name

Manufacturing plant address

City

State

Zip

Manufacturing plant telephone number / e-mail contact