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| **\*\*A MARKED-UP (BUBBLED) AND LEGIBLE DRAWING MUST ACCOMPANY THIS REPORT\*\*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact the purchasing agent listed on your purchase order if questions arise or you need further assistance completing this report** | | | | | | | | | | | | | | | | | | | | | | | |
| **Inspection Requested By** | | | | | | | | | **Date** | **First Article Inspection Report Firstmark Corporation, 1176 Telecom Drive, Creedmoor NC, 27522** | | | | | | | | | | | | | |
| **Firstmark Aerospace Corp.** | | | | | | | | |  |
| **Aircraft Belts Inc** | | | | | | | | |
| **Twin Commander Aircraft LLC.** | | | | | | | | |
| **SECTION 1: Part Number Accountability** | | | | | | | | | | | | | | | | | | | | | | | |
| **Part Number** | | | | | | | **Part Revision** | | **Part Name** | | | | | | **Serial Number/Sample Number** | | | | | | **FAI Report** | | |
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| **Drawing Number** | | | | | | | **Drawing Revision** | | **Full**   **Delta / Partial**  **Top Level Assembly Only**  **Comments** | | | | | | | | | | | | | | |
|  | | | | | | |  | |
| **Part Level** | | | | | | | **Manufacturing Reference (Job #)** | |
| **Detail** complete sections 1,2,3,4  **Assembly** complete sections 1,2,3, 4,5 | | | | | | |  | |
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| **SECTION 2: Supplier Information** | | | | | | | | | | | | | | | | | | | | | | | |
| **Supplier Name** | | |  | | | | | | | **Purchase Order** | | |  | | | | | |  | | **Supplier ID** | |  |
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| **SECTION 3: Characteristic Accountability** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | **FOR INTERNAL USE ONLY** | | | | | | |
| **Item No.** | | **Drawing Location** | | | **Requirement** | | | **Results** | | | | **Gaging / Method of Verification/Comments** | | | | | | **Independent verification** | | | | **Pass / Fail** | |
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| **SECTION 4: Material and Process Accountability** | | | | | | | | | | | | | | | | | | | | | | | |
| **Material or Process Name** | | | | | | | | | **Specification Number** | | | | | | **Certificate of Conformance Number** | | | | | | | | |
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| **SECTION 5: Assembly Bill Of Material Accountability** | | | | | | | | | | | | | | | | | | | | | | | |
| **Part Number** | | | | | | | | | **Part Name** | | | | | | **FAI Report / C of C Number** | | | | | | | | |
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| Approvals | | | | | | | | | | | | | | | | | | | | | | | |
| The signature below indicates that all characteristics are accounted for; meet drawing requirements or are properly documented for disposition. Additional comments: | | | | | | | | | | | | | | | | | | | | | | | |
| Prepared By | | | | | | Name: | | | | | Signature: | | | | | | | | | Date: | | | |
| Reviewed By | | | | | | Name: | | | | | Signature: | | | | | | | | | Date: | | | |
| Final Approval | | | | | | Name: | | | | | Signature: | | | | | | | | | Date: | | | |

**The Supplier shall complete the following information required by form 10.08.00.01b.**

**Section 1**

**-Part number and revision, Drawing number and revision**

**-Part Name**, **Sample No or Serial No.** - List N/A if only one sample is submitted and there is no S/N.

-**FAI Report** -Use part# if supplier has no FAI report numbering system.

**-Part Level** -Select Detail for a piece part.

**-Manufacturing reference** - ShopOrder or Job Traveler for creation of part (if applicable).

-**Select Full** unless doing a Delta/Partial to a previous FAI Baseline performed within past 24 months.

**Section 2**

**-Supplier name, Purchase Order No,**

**-Supplier ID** (Optional)

**Section 3**

**-Item No**. - Corresponds to the item number assigned to each unique requirement on the marked up bubbled drawing or specification.

-**Drawing** location - Coordinate of print (e.g. B6) sheet number, page number etc. Drawings must be bubbled to identify all characteristics by number.

**-Requirement** -Specific dimensional, geometric or noted requirement including tolerances which are called out on the drawing, specification or by the job traveler shop order (if applicable). (Note: Complete text of drawing notes not required as long as it is identified as location Note 1, Note 2, etc.)

**-Results (Actual Data)** - Actual values recorded by Supplier during verification/inspection/test process. Record “Pass” or “Fail” accordingly for non-numeric requirements.

**-Gaging/Method of Verification/Comments (Supplier)** - Specific inspection equipment including visual used to verify the requirement.

**Section 4**

**-Material or Process Name –** Special process or material called for in drawing on specification, (eg. Aluminum alloy, Anodize

**-Specification number -** (eg. 2024-T351, 8625 Type II Class 2)

**-Certificate of Conformance number** - Certificate number or PO reference for material or processes used (attach certificate(s) to First Article Report)

**Section 5**

**Use only for assemblies.**

***-All First articles must be signed by inspector performing work. Review and approvals are optional.***

**-Page \_\_ of \_\_** (Complete blanks as appropriate at bottom of form) Use insert row function in MS word or print additional pages for additional lines as needed if filling out by hand.