ACCEPTANCE CRITERIA LISTING

Page 1 **of** ____ **Number** _____

Originator:

Name _____

E-mail _____

Phone _____

Locations:

☐ ANL ☐ BNL ☐ LANL ☐ LBNL ☐ ORNL ☐ JLAB

Group _____

Quantity _____

Part Name _____

Part Number _____

Additional Remarks _____

_____

_____

_____

Verification or Testing Requirements

ITEM NO	CHARACTERISTIC OR TEST TO BE CONDUCTED OR WITNESSED	VERIFYING ENTITY	NAME OR STAMP OF INSPECTOR / IDR NO.	DATE INSPECTED

REQUIREMENTS APPROVAL:

Line or Project Rep. **Date**

REQUIREMENTS APPROVAL:

QA Rep. **Date**

Use continuation sheet if needed

Completion data: ACL Complete _____ QAR Initials

Date _____

Form SNS-3
(10-99)

ACCEPTANCE CRITERIA LISTING
(Continuation Sheet)

Page ____ of ____ **Number _____**

VERIFICATION OR TESTING REQUIREMENTS				
ITEM NO.	**CHARACTERISTIC OR TEST TO BE CONDUCTED OR WITNESSED**	**VERIFYING ENTITY**	**NAME OR STAMP OF INSPECTOR** **IDR NO.**	**DATE INSPECTED**

Form SNS-3
(10-99)