## Quality Acceptance Inspection Report

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| --- | --- | --- | --- | --- |
| Purchase Order (PO) #: | PO# |  | Vendor Name: | V |
| Quote/Bid Number: | Quote # |  | Using Agency: | CC |
| Date item(s) Received: |  |  | Purchasing Agent: |  |

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| **PO Line Item #** | **Item Description** | **Testing Method / Test Result Observation** | **Pass / Fail** |
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| **DESCRIPTION OF NONCONFORMANCE(S)** | | | |
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| **RE-INSPECTION** (if initial inspection failed) | | | | |
| Date of Re-Inspection: |  | Re-Inspection: | Pass | Fail |

* NC Government Agencies/Institutions/Community Colleges and Universities are to inspect and assure that all equipment received and projects completed meet all Federal, State, and Local Health and Safety Requirements.
* All goods received must meet terms specified in Statewide Term Contracts.
* Invoices will not be paid until an inspection completed by the using agency receives a “pass inspection” result.

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| **COMMENTS** |
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|  | **PRINTED NAME** | **SIGNATURE** | **DATE** |
| Inspected by |  |  |  |
| Re-Inspected by  (if initial inspection failed) |  |  |  |
| Procurement Acknowledgment |  |  |  |

## Quality Acceptance Inspection Specification Checklist

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| Quote/Bid #: | Quote |  | Vendor Name: | Vendor |
| Using Agency: | CC |  | Commodity: |  |

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| **Specification Requirement** | **Yes** | **No** |
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## Quality Acceptance Inspection Checklist

(Subject to modifications when required due to change in requirements)

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| --- | --- | --- | --- | --- |
| Purchase Order (PO) #: | PO1234 |  | Item Description: |  |
| Vendor Name: | Vendor |  | Location: | CC |

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|  | | **Yes** | **No** | **N/A** |
| Is the product operational? | |  |  |  |
| Is the product free of damage and material/manufacturing defects? | |  |  |  |
| Does the product match the specifications requested in the IFB/Quote? | |  |  |  |
| Is the product required to have a Safety Standards Label/Marking? | |  |  |  |
|  | If yes, does the product meet this requirement?  **Agency:**  **Model/ID #:** |  |  |  |
| Is the vendor responsible for installation per IFB/Quote? | |  |  |  |
|  | If yes, was installation completed to the department’s satisfaction? |  |  |  |
| Have all manuals, instructions, setup media, security codes, and warranty documentation been received? | |  |  |  |
| If required, has software backup media (DVD, flash drive, online download) been provided? | |  |  |  |
| If required, has Vendor training been completed or scheduled? | |  |  |  |
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| *Any nonconformances found during the inspection shall be repaired by the Vendor, at their cost, prior to passing inspection.* | | | | |

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| Image of Safety Standards Label/Marking |
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