

REWORK REPORT

Part number: _____ PMIR: _____ Date: _____

Description: _____ Qty: _____

MRB transfer from _____ to _____ in _____

Detailed description of work to be completed: _____

Bill back information: In house _____ Bill vendor _____

Time log

Initials

Total _____ Completed _____

Supervisor's signature: _____

Inspector's Evaluation Pass: _____ Reject: _____

Comments: _____

Transfer: Qty _____

To location: _____

PLEASE RETURN ORIGINAL TO MRB OFFICE AFTER COMPLETION OF WORK.