



UPF ENGINEERING INSPECTION REQUEST (EIR)

DMC Number: _____

Page 1 of 1

Project Name:		Project Number:	
EIR Number:		Purchase Order Number:	
Date of Request:		Date of Material Receipt:	
Inspection Date:		MRR Number:	
Requested Discipline	Field Engr.: <input type="checkbox"/>	Project Engr.: <input type="checkbox"/>	

Description of Material to be Inspected:

Acceptance as is: (check as applicable)	Material is acceptable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------	------------------------------	-----------------------------

If "NO", Choose all that apply:

<input type="checkbox"/> Reject - Return to Vendor
<input type="checkbox"/> UOS&D - Provide UOS&D Number _____
<input type="checkbox"/> NCR - Provide NCR Number _____

Comments

Special Storage Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------------	------------------------------	-----------------------------

If "YES", complete the following:

Requirements (if applicable):

N/A those signatures not required;

Field Engineer: (print/sign)		Date:	
Project Engineer: (print/sign)		Date:	
Warehouse Supervisor: (print/sign)		Date:	