ARGONNE NATIONAL LABORATORY

ACCEPTANCE CRITERIA LISTING

1. DISTRIBUTION:

INSPECTION REQUIRED: ☐

4. ORIGINATOR'S NAME & DIVISION: 5. PHONE: - 6. DATE: 00/00/0000

9. FOR INSPECTION, DELIVER TO BLDG. NO.: DIVISION: ATTN.:

10. AFTER INSPECTION, DELIVER TO BLDG. NO.: DIVISION: ATTN.:

11. REFERENCES AND/OR REMARKS:

15. ORIGINATOR OF PLAN: DATE: 00/00/0000

16. PLAN REVIEWED/APPROVED BY: DATE: 00/00/0000

17. QAR CONCURRENCE WITH PLAN: DATE: 00/00/0000

3. ACL NO.: **LINE NBR:** **0**

7. PART NO. & NAME: 8. QUANTITY: 0

12. STEP NO.	13. INSPECTION/TEST REQUIREMENT	14. INSPECTION TEST LOCATION	18. ACCEPTED BY OR NONCONFORMANCE REPORT NO.	19. DATE
1				