

<b>RECOMMENDED QUALITY ASSURANCE PROVISIONS AND SPECIAL INSPECTION REQUIREMENTS</b>		1. PR / MIPR NUMBER	
		2. NATIONAL STOCK NUMBER 5995014617065AH	
3. POINT OF INSPECTION SOURCE                      DESTINATION <input checked="" type="checkbox"/> <input type="checkbox"/> SEE DFARS 246.402		4. POINT OF ACCEPTANCE SOURCE                      DESTINATION <input checked="" type="checkbox"/> <input type="checkbox"/>	
		5. ITEM MANAGER / PHONE Weller, Daniel S                      / 801-777-3613	
		6. EQUIPMENT SPEC / PHONE Hansen, Gerritt L                      / 801-586-6980	
7. CONTRACT QUALITY REQUIREMENTS/SPECIAL INSPECTION REQUIREMENTS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> CERTIFICATE OF CONFORMANCE FAR 52.246-15   <input type="checkbox"/> CONTRACT RESPONSIBILITY FOR INSPECTION FAR 52.246-1   <input type="checkbox"/> STANDARD INSPECTION FAR 52.246-2,-3,-4,-5 OR -6 AS APPLICABLE TO CONTRACT </div> <div style="width: 48%;"> <input checked="" type="checkbox"/> HIGHER LEVEL CONTRACT QUALITY REQUIREMENTS ISO 9001:2000   <input type="checkbox"/> COMMERCIAL ITEM INSPECTION FAR 52.212-4   <input type="checkbox"/> OTHER (Describe in Block 8) </div> </div>			
8. REMARKS			
8a. OZONE DEPLETING SUBSTANCES (ODS) <input checked="" type="checkbox"/> STATEMENT "I HAVE REVIEWED THE REQUIREMENT, INCLUDING AVAILABLE TECHNICAL DOCUMENTATION, AND BELIEVE THAT IT DOES NOT REQUIRE THE CONTRACTOR USE CLASS I OZONE DEPLETING SUBSTANCES (ODS) IDENTIFIED IN AIR FORCE POLICY, NOR IS IT WRITTEN SO THAT IT CAN ONLY BE MET BY THE USE OF A CLASS I ODS." <input type="checkbox"/> WAIVER (SEE AF FARS 5323)			
<b>NOTE:</b> <i>Quality provisions as annotated hereon will not be downgraded without Technical Authority coordination. The Technical Authority must be notified if award selection is made to a new source using Acquisition Method Code (AMC) 3, 4, or 5.</i>			
9. QUALITY PRE-AWARD SURVEY <input type="checkbox"/> YES <input type="checkbox"/> NEW SOURCE <input type="checkbox"/> NO <input type="checkbox"/> PREVIOUS SOURCE <input type="checkbox"/> AFMC PARTICIPATION RECOMMENDED		10. CODES A. I&A 1  B. CQR G	
		11. SIGNATURE OF TECHNICAL AUTHORITY Gonzales, Michael A  ORGANIZATION / SYMBOL 414 SCMS / GUEAB  <div style="display: flex; justify-content: space-between;"> PHONE 801-586-0056 / 586-0056 DATE 15 NOV 2022 </div>	