<table>
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<tr>
<th>Rev.</th>
<th>ECO</th>
<th>Description</th>
<th>Author</th>
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<tr>
<td>A</td>
<td></td>
<td>Initial Release</td>
<td>B. Klatt</td>
<td>W. Mayer</td>
<td>04/07/93</td>
</tr>
<tr>
<td>B</td>
<td></td>
<td>General Editorial Update</td>
<td>B. Klatt</td>
<td>M. Bautz</td>
<td>07/16/14</td>
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Massachusetts Institute of Technology
Kavli Institute for Astrophysics and Space Research (MKI)

Inspection Stamps

Dwg. No. 99-02007
Revision B
May 6, 2014
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Preface

Revision A was the Initial Release of 99-02007 written by Brian Klatt 04/02/93 and checked by W.F. Mayer on 04/07/93.

Revision B issued a new format and general editorial update 07/16/14.
1.0 **Scope**  
This procedure provides specific instructions for the type of issuance, use, care, and control of inspection stamps at MKI. This procedure applies to inspection stamps used to indicate the status of items being received, fabricated, assembled, tested, or inspected.

2.0 **General**

2.1 **Issuance**  
The Mission Assurance Manager controls the issuance of stamps.

2.2 **Assignment Log**  
An assignment log of all stamps is maintained by Mission Assurance. Stamps are issued to each certified inspector performing inspection operations.

2.3 **Design**  
The design of each stamp is unique, indicating inspector and accept or reject.

2.4 **Use**  
Use of a stamp indicates accept or reject status of the hardware.

2.5 **Colors**  
Stamps are self-inking and are red for reject and blue for accept.

2.6 **Termination**  
Terminating or transferring employees must return stamps to Mission Assurance.

2.7 **Lost Stamps**  
Stamps which are lost must be reported promptly to the Mission Assurance Manager.

2.8 **Cleanliness**  
Each inspector must insure that stamps are kept clean and their impression is clear and legible. Worn or damaged stamps will be replaced.

2.9 **Control**  
Inspection personnel must use only those stamps assigned directly to them; these stamps are not used by other personnel. No exceptions are made. When not in use, the stamps are locked up or controlled by the individual responsible for the stamps.

2.10 **Voids**  
If a stamp is applied in error or applied before a discrepancy is discovered, the inspector voids the stamp by drawing a line through the impression and writing “VOID”, the date, the inspector initials, and the reason for voiding the stamp.
3.0 **Procedure**

3.1 **Mission Assurance Manager**
1. Issues inspection stamps to qualified personnel.
2. Maintains the stamp assignment log, record:
   a. Stamp number.
   b. Name and Identification number.
   c. Date issued.
   d. Date returned, lost, destroyed, or reissued.

3.2 **Inspector Receiving Stamps**
1. Signs, acknowledging receipt of stamps.
2. Uses the assigned stamps only on those items personally witnessed or inspected.
3. Applies the "Accept" stamp only when the inspected item meets all specification and quality standards. Applies the stamp in the correct location, implying that:
   • Inspected item quantity corresponds with the accompanying documentation.
   • The operations performed on the inspected item correspond with accompanying documentation.
   • The sequence of operations corresponds with the accompanying documentation.
   • The operators are certified to perform the specified operation.
   • Where required, the equipment is calibrated.
4. The inspector must apply the date beside the stamp impression.
5. Maintains control of stamp at all times.
6. Notifies the Mission Assurance Manager when stamps are lost or damaged.

4.0 **Forms**
1. Stamp Assignment Log
2. Stamp Receipt Acknowledgement
# STAMP ASSIGNMENT LOG

<table>
<thead>
<tr>
<th>STAMP NUMBER</th>
<th>ISSUED TO</th>
<th>IDENT. NUMBER</th>
<th>DATE ISSUED</th>
<th>DATE RETURNED</th>
<th>DATE LOST</th>
<th>DATE DESTROYED</th>
<th>DATE REISSUE</th>
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STAMP RECEIPT ACKNOWLEDGEMENT

THE STAMPS INDICATED BELOW HAVE BEEN ISSUED TO ME ON THIS DATE.

I FULLY UNDERSTAND THE RESPONSIBILITY AND MEANING OF THE USE OF THESE STAMPS AND AM AWARE OF THE MISSION ASSURANCE PROCEDURES PERTAINING THERETO.

THE STAMPS ARE TO REMAIN IN MY POSSESSION AT ALL TIMES AND ARE NOT TO BE LENT TO ANYONE. THE LOSS OR DAMAGE TO THESE STAMPS WILL BE REPORTED IMMEDIATELY TO THE MISSION ASSURANCE MANAGER.

STAMPS:

SIGNATURE ___________________________

IDENT. No. ___________________________

DATE_______________________________

BLUE RED