



ADVANCED INSPECTION – STRUCTURAL COATS

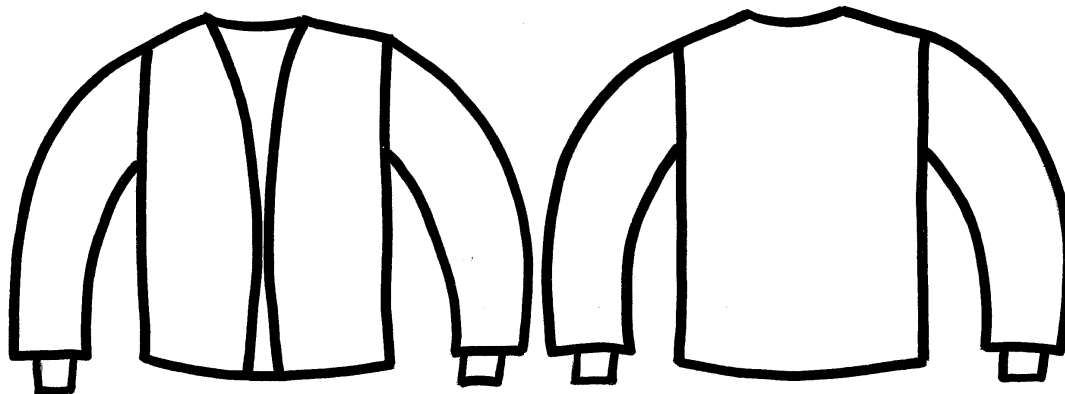
Serial # (SHELL): _____ DOM: _____ Date of Inspection: _____

Serial # (LINER): _____ DOM: _____ Inspector: _____

	Outer Shell	Thermal Liner	Moisture Barrier	Comments
Soiling/Contamination	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Physical Damage: Rips, Tears, Cuts, etc.	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Damaged or Missing Hardware	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F		
Thermal Damage: Flame/Heat	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Stitching/Seam Integrity	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Quilt Stitching Integrity		<input type="checkbox"/> P <input type="checkbox"/> F		
Fabric Integrity, including wristlets	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Reflective Trim Damage	<input type="checkbox"/> P <input type="checkbox"/> F			
Reflective Trim Reflectivity	<input type="checkbox"/> P <input type="checkbox"/> F			
Label Integrity Legibility	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F		
Hook and Loop Functionality	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Liner Attachment		<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Closure System Functionality	<input type="checkbox"/> P <input type="checkbox"/> F			
Accessory Integrity	<input type="checkbox"/> P <input type="checkbox"/> F			
Correct Assembly and Size of Shell, Liner	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Loss of Moisture Barrier Integrity – Cup Test**			<input type="checkbox"/> P <input type="checkbox"/> F	
DRD Assembly	<input type="checkbox"/> P <input type="checkbox"/> F			

****NOTE: Complete liner inspection requires a hydrostatic test and takes the place of a field/cup test.**

HYDROSTATIC TEST RESULTS: Flat Test Areas: _____ of 3 **PASS** Seam Test Areas: _____ of 3 **PASS**
 (Test 6 areas; 3 flat and 3 seams) Flat Test Areas: _____ of 3 **FAIL** Seam Test Areas: _____ of 3 **FAIL**



COMMENTS: _____