

Date	_____	Facility	_____
		Address	_____
Procedure No.	_____	Revision	_____
Procedure Name	_____		_____
Aircraft Mfr.	_____	Model	_____
Aircraft S/N	_____	N#	_____

Inspector	_____	Qualification Level	_____
Company	_____	Equipment Mfr.	_____
Address	_____	Probe(s)	_____
	_____		_____

Results

Left Horizontal Spar Configuration: T-34B(Navy Modified), .100 Strap Reinforced T-34A, non .100 Strap reinforced T-34A, other

Right Horizontal Spar Configuration: T-34B(Navy Modified), .100 Strap Reinforced T-34A, non .100 Strap reinforced T-34A, other

Signed

Sketch