



OMTECH'S ASSEMBLER/SHIPPING QA SHEET

Build Date:	Work Order #:
Test Date:	Machine Voltage:
Technician:	Shipping Tech:
Machine Model/Serial #:	Crating Sign Off:
Tube Model/Serial #:	Signature:

A) TOOL KIT			B) LASER MACHINE (CONT.)			H) ELECTRICAL TESTS							
	Tech	QA		Tech	QA		Tech	QA					
Set of Ignition Keys	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Worktable Secured	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Electronics Board Stack Visual	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Ground Wire	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Water Pump Test	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Machine Wiring Correct	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Power Cord	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Chiller Installed (If Purchased)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	High Pressure Air Test	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
USB cable	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Wheel Check	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Solenoid Operation Correct	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Ethernet Cable	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA					USB Port Tested	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Hose Clamps	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	C) LASER TUBE & LENS			Tech	QA					
Water Pump	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Laser Tube Power Supply Check	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	I) MACHINE BODY			Tech	QA	
2 Water Pump Tubes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Laser Tube Watt Test:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Drain Laser Tube	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Allen Wrench Set	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	__ Armature __ Laser Head	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Cabinet Damage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Silicon Tube	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Milliamp Test at __ 10% __ 95%	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Interior Cleaned	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Set of Acrylic Tools	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Lens Installed & Secured	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Laser Stand Tightened	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Exhaust Hose	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Extra Lens in Tool Kit (For Elite Line)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Logo/Decals Correct/Placed Accordingly	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Tape	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	High Voltage Silicon Sleeve	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Remove Excess Debris	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Jump Drive USB	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	D) OPTICS			Tech	QA	Nuts/Bolts Secured/Torqued	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	
Operation Manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	__ 1 __ 2 __ 3 __ Nozzle	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Door Latches Secured/Facing the Same	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Rotary Device or Extra Lens (If Purchased)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	__ Plunge __ Laser Beam Alignment				Direction					
				Acrylic Tool Focus Test	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Frame Bolts Tightened	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
B) LASER MACHINE			Tech	QA	E) SOFTWARE			Tech	QA	Hood Struts Tightened	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA
Control Board (Pendant) Check	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Laptop Check	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Sticker Glue Removed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
__ X Axis __ Y Axis __	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	__ w/OPS Manual CorelDraw	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Body Panels Aligned	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
__ Z Axis __ U Axis				__ w/OPS Manual LightBurn	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA						
Ethernet/USB Cable Secured	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	__ w/OPS Manual Engravelab	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	J) SHIPPING CABINET PREP			Tech	QA	
Limit Switches Aligned/Secured	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA					Lower Z Platform	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Limit Switches Check	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	F) SOFTWARE SETTINGS			Tech	QA	Secure Motion System	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	
Gantry Rails & Bridge Secured	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Max Power set at 30%	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Secure Accessories & Mirrors	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Motors Secured	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Max Speed at 255mm/s	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Load QA Kit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Worktable Light Operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Screen Origin Top Right	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Secure Doors	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Mirrors Cleaned & Tightened	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Save RDV/RDU to USB	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	K) CRATING CHECKLIST			Tech	QA	
Air Regulator Fully Open/Locked Down	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Serial Number Job Test	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Foam Pack Laser Tube	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Laser Tube Properly Installed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	G) SAFETY INTERLOCKS			Tech	QA	Recheck Accessories	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	
Laser Tube Secured/Leveled	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Interlock test - Open Cover	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Final Inspection	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
High Voltage Terminals	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Interlock Test - Water Flow	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Shrink Wrap Laser Machine	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Tightened/Secured				Interlock Test - Chiller Signal (If purchased)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA	Mount to Base Platform	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
Worktable: __ Aligned __ Squared	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA					Place Crate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> QA		
__ Tightened													

Notes:

Final QA Supervisor Signature:

Date: