

Aircraft Control Systems Multiple Independent Inspection Certificate

MOD Form 707C-M2(Ind)
(Revised May 23)

*	SNOW	Aircraft No.	Day	Mth	Yr

This Form is to be used with MOD Form 707C - M3(Ind)
Instructions for Use are given on the MOD Form 799(Ind)

Sheet No: _____

Entry No. 1	Field 1 Instructions					<p style="text-align: center;">Certificate of Agreement - Multi-trade Independent I certify that the functional test specified is satisfactory for the trade of _____.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Rank/Name</td> <td>Signature</td> </tr> <tr> <td>Time/Date</td> <td> </td> </tr> </table>				Rank/Name	Signature	Time/Date	
	Rank/Name	Signature											
	Time/Date												
	A Independent Inspection for correct assembly and functional test required on _____ Control System		Time/Date		Signature								
	In respect of work at _____		Rank/Name										
B Independent Inspection for correct assembly and functional test required on _____ Control System		2 Trade		3 Work Undertaken		4 Certificate							
C Inspection for correct assembly is to be for _____				The Independent Inspection required for correct assembly has been specified at Blocks B & C . The functional test has been correctly specified at Block D on MOD Form 707C - M3 SNOW: _____ Sheet No: _____ Lines: _____		Working Hours		Time/Date					
From _____						Signature		Rank/Name					
To _____						* Certified Inspection Satisfactorily Completed		Working Hours		Time/Date			
				* Inspection for correct assembly FAILED Transferred to: _____		Signature		Rank/Name					
				Sheet No: _____ Line No: _____									

Entry No. 2	Field 1 Instructions					<p style="text-align: center;">Certificate of Agreement - Multi-trade Independent I certify that the functional test specified is satisfactory for the trade of _____.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Rank/Name</td> <td>Signature</td> </tr> <tr> <td>Time/Date</td> <td> </td> </tr> </table>				Rank/Name	Signature	Time/Date	
	Rank/Name	Signature											
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	A Independent Inspection for correct assembly and functional test required on _____ Control System		Time/Date		Signature								
	In respect of work at _____		Rank/Name										
B Independent Inspection for correct assembly and functional test required on _____ Control System		2 Trade		3 Work Undertaken		4 Certificate							
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From _____						Signature		Rank/Name					
To _____						* Certified Inspection Satisfactorily Completed		Working Hours		Time/Date			
				* Inspection for correct assembly FAILED Transferred to: _____		Signature		Rank/Name					
				Sheet No: _____ Line No: _____									

* Army Use Only

* Delete as appropriate

Entry No. 3	Field 1 Instructions		Certificate of Agreement - Multi-trade Independent I certify that the functional test specified is satisfactory for the trade of _____. Rank/Name _____ Signature _____ Time/Date _____						
	A Independent Inspection for correct assembly and functional test required on _____ Control System In respect of work at _____						Time/Date _____	Signature _____	Rank/Name _____
							Rank/Name _____		
	B Independent Inspection for correct assembly and functional test required on _____ _____ Control System		2 Trade	3 Work Undertaken		4 Certificate			
	C Inspection for correct assembly is to be for _____ _____ From _____ _____ To _____ _____			The Independent Inspection required for correct assembly has been specified at Blocks B & C . The functional test has been correctly specified at Block D on MOD Form 707C - M3 SNOW: _____ Sheet No: _____ Lines: _____	Working Hours _____	Time/Date _____			
			* Certified Inspection Satisfactorily Completed * Inspection for correct assembly FAILED Transferred to: Sheet No: _____ Line No: _____	Signature _____	Rank/Name _____				

Entry No. 4	Field 1 Instructions		Certificate of Agreement - Multi-trade Independent I certify that the functional test specified is satisfactory for the trade of _____. Rank/Name _____ Signature _____ Time/Date _____						
	A Independent Inspection for correct assembly and functional test required on _____ Control System In respect of work at _____						Time/Date _____	Signature _____	Rank/Name _____
							Rank/Name _____		
	B Independent Inspection for correct assembly and functional test required on _____ _____ Control System		2 Trade	3 Work Undertaken		4 Certificate			
	C Inspection for correct assembly is to be for _____ _____ From _____ _____ To _____ _____			The Independent Inspection required for correct assembly has been specified at Blocks B & C . The functional test has been correctly specified at Block D on MOD Form 707C - M3 SNOW: _____ Sheet No: _____ Lines: _____	Working Hours _____	Time/Date _____			
			* Certified Inspection Satisfactorily Completed * Inspection for correct assembly FAILED Transferred to: Sheet No: _____ Line No: _____	Signature _____	Rank/Name _____				

* Delete as appropriate