INPUT CONTROL • STYLE COMMENT FORM

Product Design Evaluation/Comment Form

Style # _____ Style Ref # _____ Date: _____

Description: _____

Date:	Comments • Questions

Process Status

Date: _____ Hard copy ☐ Checked ☐ Corrections needed ☐ Approved ☐

Date: _____ Nest/plot/grade ☐ Checked ☐ Corrections needed ☐ Approved ☐

Cut ticket # _____ Cut date: _____

Cut specifications: _____

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