



# TBR Adjustment / Inspection Report

REFERENCE #

**TRIANGLE USE ONLY**

	BRAND NAME	PATTERN	SIZE	PLY	DOT NUMBER	SERIAL NUMBER	TD 32NDS OR CASING	DESCRIPTION OF DEFECT	PRODUCT CODE	DEFECT CODE	MFG CODE	PRODUCTION MONTH / YEAR
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

TRIANGLE CUSTOMER NUMBER

PREPARED BY

COMPANY NAME

INSPECTED BY

ADDRESS

DATE

CITY / STATE / ZIP