

WAFER CHECK SHEET

Please ensure all information for wafer is completed

1. What Type?

_____ DOPED or _____ Etched
(tsca needed)

2. Are there chips or something mounted?

_____ Mounted or _____ Unmounted

3. What is it used for?

(ex. Semiconductor, Evaluation)

4. What are they made of

(ex. Silicon or another material)

Manufacture:

Name: _____

Address: _____

Date: _____

Airway Bill Number: _____