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Gender	5	Supplier	Name						-		-			/cu		itati		lequ	nen		3)
			signation				Submission Level:														
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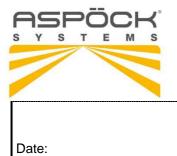


Date:		Signatur												
Distribution to	1	2	3	4	5	6	7	8	9	10	11	12	13	14

Supplier / Production	on Location:		Customer:		
Code Number / DUN	S-Code:		Code Number:		
Report No.:	Index:		Report No.:	Index:	to be filled in by customer
Designation:			Designation:		
Part Number:		Tool Version	Part Number:		Tool Version
Drawing Number::			Drawing Number::		
Status/Date:		CO No.:	Status/Date:		CO No.:

Enclosure	Status /	Type, No. of Pages,
	Date	Identification of Enclosures
O1 Verification of Dimensions		
02 Functional Testing		
O3 Material Testing		
04 Tactile Testing		
05 Sound Testing		
06 Smell Testing		
07 Appearance Testing		
08 Surface Testing		
O9 EMI Testing		
10 Reliability Testing		
□ 11 Design-FMEA		
12 Design Approval		
□ 13 Process FMEA		
14 Process Flow Chart		
15 Production Control Plan		
16 Process Capability Study		
17 List of Measuring Equipment		
18 Measuring System Analysis		
19 EU Safety Data Sheet		
20 Material Data Sheet / IMDS		
21 Transportation Equipment / Packaging		
22 Certificates		
23 Process Approval		
□ 24		

narks from Supplier:	
1e:	
artment:	
ne:	
ail:	



Signature



## **Product related Test Results**

Status: Date:

01 Verification of Dimensions06 Smell Testing02 Functional Testing07 Appearance Testing03 Material Testing08 Surface Testing04 Tactile Testing09 EMI Testing05 Sound Testing10 Reliability Testing

Supplier / Production	Location:		Customer:		
Code Number / DUNS-	Code:		Code Number:		
Report No.:	Index:		Report No.:	Index:	to be filled in by Customer
Designation:			Designation:		
Part Number:		Tool Version	Part Number:		Tool Version
Drawing Number::			Drawing Number::		
Status/Date:		CO No.:	Status/Date:		CO No.:

Ref.	Requirement Specification	Actual Values Supplier	Specif fullf	ication illed	Remark <sup>2)</sup>
No.			yes 1)	no¹)	

Confirmation from Su	ipplier:	<b>Customer Decision:</b>	
Remarks:		Approved	
		Rejected, Re-Sampling required	
		Remarks	
Name:		Name:	
Department:		Department:	
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	
Date:	Signature	Date: Sign	nature

Remarks:

1) = please cross appropriate box / 2) = fill in "C" if correction is required / "A" if deviation is accepted



## **Product related Test Results**

Status: Date:

11 Design-FMEA	18 Measuring System Analysis
12 Design Approval	19 EU Safety Data Sheet
13 Process FMEA	20 Material Data Sheet/IMDS
14 Process Flow Chart	21 Transportation Equipment / Packaging
15 Production Control Plan	22 Certificates
16 Process Capability Study	23 Process Approval
17 List of Measuring Equipment	24 Other

Supplier / Product	tion Location:		Customer:		
Code Number / DU	NS-Code:		Code Number:		
Report No.:	Index:		Report No .:	Index:	to be filled in by Customer
Designation:			Designation:		
Part Number:		Tool Version	Part Number:		Tool Version
Drawing Number::			Drawing Number::		
Status/Date:		CO No.:	Status/Date:		CO No.:

Confirmation from S	Supplier:	Customer Decision:	
Remarken:		approved	
		rejected, Re-Sampling is required	
		Remarks	
Name:		Name:	
Department:		Department:	
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	
Date:	Signature	Date: Sig	nature