

Address sender

Address customer

- Initial Sample Test Report** Page 1 of
- Initial sampling new part
- Initial sampling new tool identification \_\_\_\_\_
- Initial sampling changed revision
- Initial sampling changed production procedures description acc. to appendix \_\_\_\_\_
- Initial sampling production transfer from: \_\_\_\_\_ to: \_\_\_\_\_
- Long production pause (duration : \_\_\_\_\_ )
- New subcontractor up to now firm : intended firm : exclusive  yes  no
- Product with DwSpA
- Re-sampling

Attachments		
<input type="checkbox"/> (01) Design charts	<input type="checkbox"/> (08) Material- / performance test	<input type="checkbox"/> (15) Bulk material
<input type="checkbox"/> (02) Design change documents	<input type="checkbox"/> (09) Preliminary process capability	<input type="checkbox"/> (16) Samples
<input type="checkbox"/> (03) Record of techn. release	<input type="checkbox"/> (10) Analysis of measurement sys.	<input type="checkbox"/> (17) Reference samples
<input type="checkbox"/> (04) Design FMEA	<input type="checkbox"/> (11) Documentation of a qualified lab	<input type="checkbox"/> (18) List of the product-specific test equipment
<input type="checkbox"/> (05) Process-flowchart	<input type="checkbox"/> (12) Control plan	<input type="checkbox"/> (19) Records of fulfilled customer requests
<input type="checkbox"/> (06) Process-FMEA	<input type="checkbox"/> (13) Release request (PSW) or cover sheet ( ISR )	<input type="checkbox"/> (20) Corrective action plan
<input type="checkbox"/> (07) Measurement results	<input type="checkbox"/> (14) Appearance release ( AAR )	

<b>Identification number, supplier</b>	<b>Identification Number, Customer:</b>
<b>Test report no. revision:</b>	<b>Test Report No / Operation No.:</b>
subject number: drawing number: status/date: revision number: designation: order call-off no./date:	subject number: drawing number: status/date: revision number: designation:
<b>delivery note no./date:</b>	
quantity delivered: charge number:	unloading point:
<b>supplier confirmation:</b> It is hereby confirmed, that the sampling has been carried out according to the ebm-papst – guideline for release of supplied parts, VDA volume 2 and QS9000.	
name: department: telephone/fax/e-mail:  _____	comment:
date _____ signature _____	

Customer decision	overall	According to appendix																			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>approved</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>conditionally approved</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>rejected, re-sampling necessary</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
name: department: telephone/fax/e-mail:  _____	<b>comment/conditions:</b>																				
date _____ signature _____																					

Distribution