


Nummer	Erstell-Datum	Änd.-Datum	Änd.-Stand	Seite	
015.00.029	01.10.2004	22.10.2008	2	1 / 2	

despatcher

Initial Sample Inspection Report No.

- Part Approval Process
- Resampling
- New item
- Product Modification
- Production Relocation
- Changes to Production Process
- Longer Suspended Production
- New Sub-Supplier
- Product with DmbA
- Manufacturing / Inspection Plan created
- FMEA Conducted
- Other Reason

adress

Description:

Part Number / Drawing Number:

Attachement		
<input type="checkbox"/> 01 Function check	<input type="checkbox"/> 07 Measurement and Inspection Equipment Certificates	<input type="checkbox"/> 13 Surface Test
<input type="checkbox"/> 02 Dimensional Measurements	<input type="checkbox"/> 08 Measurement and Inspection Equipment List	<input type="checkbox"/> 14 Certificates
<input type="checkbox"/> 03 Material Test	<input type="checkbox"/> 09 Safety and/or Government Regulation	<input type="checkbox"/> 15 Design approval
<input type="checkbox"/> 04 Reliability Test	<input type="checkbox"/> 10 Haptic Test	<input type="checkbox"/> 16 Content Information
<input type="checkbox"/> 05 Process Capability	<input type="checkbox"/> 11 Acoustics Test	<input type="checkbox"/> 17 Other
<input type="checkbox"/> 06 Process Flowchart	<input type="checkbox"/> 12 Odors Test	

Sampling done by:	
Name: Departement: Fon/ Fax/ E-Mail:	Note:
Date	Signature

Customer Decision:	According attachment																
	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
Approved <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"/>
Conditional Approval <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"/>
Rejected, Re-Sampling required <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: Departement: Fon/ Fax/ E-Mail:	Note:																
Date	Signature																

