

Sample Inspection Report

Sender

Supplier Name
 Department / Org.- Unit.
 Street or Postbox
 Country, Post Code, City

- First Sample Inspection
- Re-Sampling
- New Sampling
- Product Change (Specification Change)
- Production Relocation
- Change of Production Procedure / Process
- Tool Modification / Tool Correction
- Change of Component Supplied
- Change of Subsupplier
- Control Plan created
- FMEA carried out
- Other

Recipient

EVAC GmbH
 Qualitätssicherung WE
 Feldstraße 124
 D-22880 Wedel

Customer Name
 Department / Org.- Unit
 Street or Postbox
 Country, Post Code, City

QM.Suppl-Doc@evac-train.com

(Please send the completed Sample Inspection Report to this email address!)

Supplier No.:	Customer No.:
Sample Inspection Report No.:	Sample Inspection Report No.:
<i>(To be completed if different from Customer Name or Drawing, right click and click update fields (page 2 and 3))</i>	
Designation:	Designation:
Part No.:	Part No.:
Drawing No.:	Drawing No.:
Rev. / Date:	Rev. / Date:
Shipment-No. / – Date:	
Order No.:	
Order Date:	
Quantity:	
Lot No. / Serial No.:	
Weight of Sample:	
Tool No.:	

Enclosure	Status / Date	Type, No. of Pages, Identification of Enclosures
<input type="checkbox"/> 01 Functional Testing		
<input type="checkbox"/> 02 Verification of Dimensions		
<input type="checkbox"/> 03 Material Testing		
<input type="checkbox"/> 04 Surface Testing		
<input type="checkbox"/> 05 EMI Testing		
<input type="checkbox"/> 06 Reliability Testing		
<input type="checkbox"/> 07 Design-FMEA		
<input type="checkbox"/> 08 Design Approval		
<input type="checkbox"/> 09 Process-FMEA		
<input type="checkbox"/> 10 Process Flow Chart		
<input type="checkbox"/> 11 Production Control Plan / ITP		
<input type="checkbox"/> 12 Process Capability Study		
<input type="checkbox"/> 13 List of Measuring Equipment		
<input type="checkbox"/> 14 Measuring System Analysis		
<input type="checkbox"/> 15 EU Safety Data Sheet		
<input type="checkbox"/> 16 Material Data Sheet / IMDS		
<input type="checkbox"/> 17 Transportation Equipment / Packaging		
<input type="checkbox"/> 18 Certificates		
<input type="checkbox"/> 19 Process Approval		
<input type="checkbox"/> 20		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Sample Inspection Result

Supplier No.:	Customer No.
Sample Inspection Report No.:	Sample Inspection Report No.:
<i>(To be completed if different from Customer Name or Drawing, right click and click update fields (page 2 and 3))</i>	
Designation:	Designation:
Part No.:	Part No.:
Drawing No.:	Drawing No.:
Rev. / Date:	Rev. / Date:

(If necessary please enter here drawings, pictures, sketches etc.)

Confirmation from Supplier: Remarks:	Customer Decision:	
	Approved for Serial production	<input type="checkbox"/>
	Approved under conditions, Re-sampling required	<input type="checkbox"/>
	Rejected, Re-Sampling required	<input type="checkbox"/>
Remarks:		
Name:	Name:	
Department / Org. - Unit:	Department / Org. - Unit:	
Phone:	Phone:	
Fax:	Fax:	
E-mail:	E-mail:	
_____	_____	
Date	Date	Signature
Signature		