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| Sender |  |  |
|       | Supplier Name | [ ]  | First Sample Inspection |
|       | Department / Org.- Unit. | [ ]  | Re-Sampling |
|       | Street or Postbox | [ ]  | New Sampling |
|       | Country, Post Code, City | [ ]  | Product Change (Specification Change) |
|  |  | [ ]  | Production Relocation |
|  |  | [ ]  | Change of Production Procedure / Process |
| Recipient |  | [ ]  | Tool Modification / Tool Correction |
| EVAC GmbH | Customer Name | [ ]  | Change of Component Supplied |
| Qualitätssicherung WE | Department / Org.- Unit | [ ]  | Change of Subsupplier |
| Feldstraße 124 | Street or Postbox | [ ]  | Control Plan created |
| D-22880 Wedel | Country, Post Code, City | [ ]  | FMEA carried out |
|  |  | [ ]  | Other |
|  |  |  |  |
| Quality.evac-train@zodiacaerospace.com | *(Please send the completed Sample Inspection Report to this email address!)* |

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| Supplier No.:       | Customer No.       |
| Sample Inspection Report No.:       | Sample Inspection Report No.:       |
| *(To be completed if different from Customer Name or Drawing, right click and click update fields (page 2 and 3))* |
| 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.: |       |  |  |

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| Enclosure | Status / Date | Type, No. of Pages, Identification of Enclosures |
| [ ]  01 Functional Testing |       |       |
| [ ]  02 Verification of Dimensions |       |       |
| [ ]  03 Material Testing |       |       |
| [ ]  04 Surface Testing |       |       |
| [ ]  05 EMI Testing  |       |       |
| [ ]  06 Reliability Testing |       |       |
| [ ]  07 Design-FMEA |       |       |
| [ ]  08 Design Approval |       |       |
| [ ]  09 Process-FMEA |       |       |
| [ ]  10 Process Flow Chart |       |       |
| [ ]  11 Production Control Plan / ITP |       |       |
| [ ]  12 Process Capability Study |       |       |
| [ ]  13 List of Measuring Equipment |       |       |
| [ ]  14 Measuring System Analysis |       |       |
| [ ]  15 EU Safety Data Sheet |       |       |
| [ ]  16 Material Data Sheet / IMDS |       |       |
| [ ]  17 Transportation Equipment / Packaging |       |       |
| [ ]  18 Certificates |       |       |
| [ ]  19 Process Approval |       |       |
| [ ]  20  |       |       |
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| Supplier No.:  | Customer No.  |
| Sample Inspection Report No.:  | Sample Inspection Report No.:  |
| *(To be completed if different from Customer Name or Drawing, right click and click update fields (page 2 and 3))* |
| Designation: |   | Designation: |   |
| Part No.: |   | Part No.: |   |
| Drawing No.: |   | Drawing No.: |   |
| Rev. / Date: |   | Rev. / Date: |   |

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| Ref.- No. | Measuring Tool | Requirement /Specification | Tolerance | Set Value | Deviation | Specification fulfilled |
| Yes 1) | No 2) |
|       |       |       |       |       |       | [ ]  | [ ]        |
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**Comments:** **1)** = Please tick if applicable / **2)** = Enter the number of the special release from EVAC, if a deviation has been approved

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

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

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| --- | --- |
| **Confirmation from Supplier:** | **Customer Decision:** |
| Remarks:       | Approved for Serial production | [ ]  |
| Approved under conditions,Re-sampling required | [ ]  |
| Rejected, Re-Sampling required | [ ]  |
| Remarks:       |
| Name: |       | Name: |       |
| Department / Org.- Unit: |       | Department / Org.- Unit: |       |
| Phone: |       | Phone: |       |
| Fax: |       | Fax: |       |
| E-mail: |       | E-mail: |       |
|  |       |       |  |  |       |       |  |
|  | Date | Signature |  |  | Date | Signature |  |