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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 | |  |