Sender			_				
	Supplier Name			First Sample Inspection			
	Department / Org	Unit.		Re-Sampling			
	Street or Postbox	0.4		New Sampling			
	Country, Post Cod	e, City		Product Change (Specification Change)			
				Production Relocation			
				Change of Production Procedure / Process			
Recipient	0			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 Country, Post Code, City			Control Plan created			
D-22880 Wedel	Country, Post Coa	e, City		FMEA carried out			
				Other			
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QM.Suppl-Doc@evac-train.com	(Please seria trie c	ompieteu Sam	ρι <del>υ</del> π	spection Report to this email address!)			
O I'm N		0	1.				
	Supplier No.:		Customer No.				
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Shipment-No. / – Date:		Titori, Date					
Order No.:							
Order Date:							
Quantity:							
Lot No. / Serial No.:							
Weight of Sample:							
Tool No.:							
Enclosure	Status / Date	Ту	pe, N	lo. of Pages, Identification of Enclosures			
Enclosure  □ 01 Functional Testing	Status / Date	Ту	pe, N	lo. of Pages, Identification of Enclosures			
	Status / Date	Ту	pe, N	lo. of Pages, Identification of Enclosures			
☐ 01 Functional Testing	Status / Date	Ту	pe, N	lo. of Pages, Identification of Enclosures			
☐ 01 Functional Testing ☐ 02 Verification of Dimensions	Status / Date	Ту	pe, N	lo. of Pages, Identification of Enclosures			
☐ 01 Functional Testing ☐ 02 Verification of Dimensions ☐ 03 Material Testing	Status / Date	Ту	pe, N	lo. of Pages, Identification of Enclosures			
☐ 01 Functional Testing ☐ 02 Verification of Dimensions ☐ 03 Material Testing ☐ 04 Surface Testing	Status / Date	Ту	pe, N	lo. of Pages, Identification of Enclosures			
□ 01 Functional Testing □ 02 Verification of Dimensions □ 03 Material Testing □ 04 Surface Testing □ 05 EMI Testing	Status / Date	Ту	pe, N	lo. of Pages, Identification of Enclosures			
□ 01 Functional Testing □ 02 Verification of Dimensions □ 03 Material Testing □ 04 Surface Testing □ 05 EMI Testing □ 06 Reliability Testing	Status / Date	Ту	pe, N	lo. 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	Status / Date	Ту	pe, N	lo. 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	Status / Date	Ту	pe, N	lo. 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	Status / Date	Ту	pe, N	lo. 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	Status / Date	Ту	pe, N	lo. of Pages, Identification of Enclosures			
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□ 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	Status / Date	Ту	pe, N	lo. of Pages, Identification of Enclosures			
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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, rig	ght click and click update fields (page 2 and 3))		
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Rev. / Date:	Rev. / Date:		
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Ref No.	Measuring Tool	Requirement / Specification	Tolerance	Set Value	Deviation	Specification fulfilled
		Specification			Dovidation	Yes No 2)

Comments: 1) = Please tick if applicable / 2) = Enter the number of the special release from EVAC, if a deviation has been approved

Supplier No.:	Customer No.				
Sample Inspection Report No.:	Sample Inspection Report No.:				
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Designation:	Designation:				
Part No.:	Part No.:				
Drawing No.:	Drawing No.:				
Rev. / Date:	Rev. / Date:				
(If necessary please enter here drawings, pictures, sketche	es etc.)				
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				