

Product-Related Test Results

Status:

Date:

<input type="checkbox"/>	01	Dimensional Check	<input type="checkbox"/>	06	Odors Test
<input type="checkbox"/>	02	Function Check	<input type="checkbox"/>	07	Visual Test
<input type="checkbox"/>	03	Material Test	<input type="checkbox"/>	08	Surface Test
<input type="checkbox"/>	04	Haptics Test	<input type="checkbox"/>	09	EMC Test
<input type="checkbox"/>	05	Acoustics Test	<input type="checkbox"/>	10	Reliability Test

Supplier / Production Plant		Customer	
Identification No. / DUNS-Code:		Identification N	
Report No:	Issue:	Report No:	Issue:
Part Name:		Part Name:	
Item No:		Item No:	
Drawing No:		Drawing No:	
Level/Date:		Level/Date:	

Ref. No.:	Requirements / Specification	Actual Results Supplier	meets Spec.		Comment
			Y	N	

Supplier Confirmation		Customer Decision	
Comments:		Approved <input type="checkbox"/>	
		Rejected , Re-Sampling Required <input type="checkbox"/>	
		Comments:	
Name: Department: Phone: Fax: E-Mail:		Name: Department: Phone: Fax: E-Mail:	
Date:	Signature:	Date:	Signature: