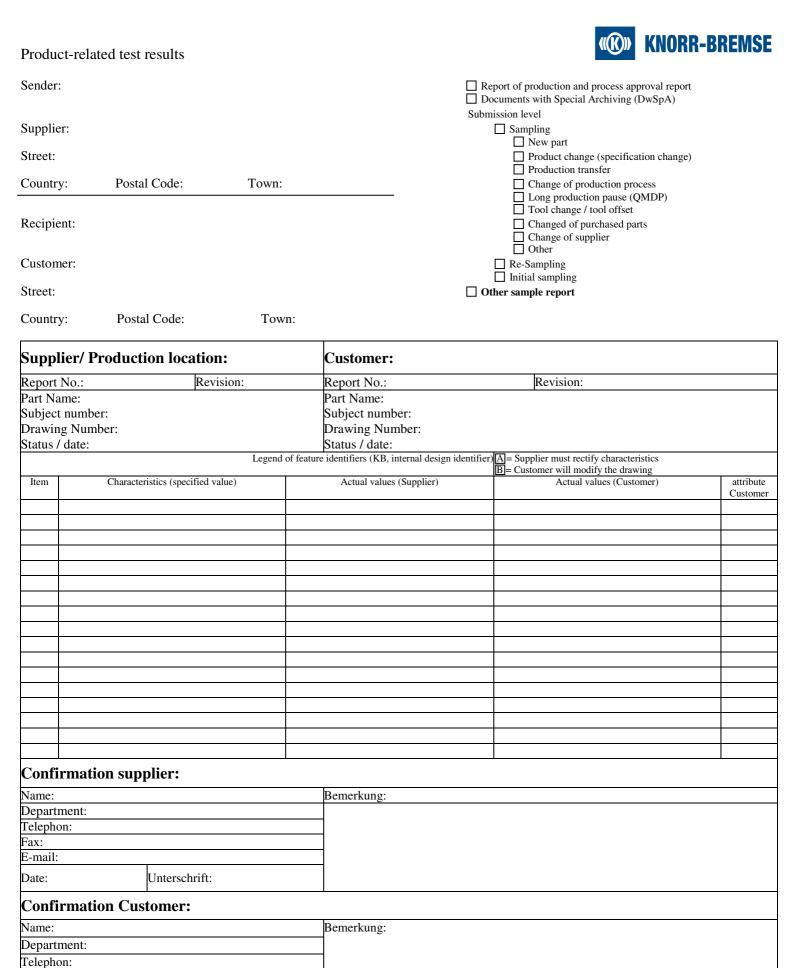


						Produc	etion transfer
Country:	Postal Code:	Town:				Change	e of production process
				_			production pause (QMDP)
5							hange / tool offset
Recipient:							ed of purchased parts
						Other	e of supplier
Customer:						Re-Samplin	ng
Customer.						Initial samp	
Street:						sample rep	
					_		
Country:	Postal Code:	Town:					
			Annex /	Reference	ce		
01 Dimensio	onal Inspection	09 EMC Inspec	tion				17 List of Inspection and Test Equipment
02 Function Test 10 Reliability To							18 Measurement System Analysis
03 Material	_				19 EU-Safety Data Sheet		
04 Haptics	oval 20 Material data sheet						
05 Acoustic	A 21 Transportation / Packaging						
06 Odors	V Chart				22 Certificates		
07 Appearan				H	23 Process Release		
_		15 Control plan 16 Process Cap		100		H	
08 Surface I		10 Process Cap					24 Branding (Part, Document, Packaging)
			Custome	stomer: Change index:			
Identification nu	Identification	on number	••				
Report No.:	Revisio	n:	Report No.:			Revi	ision:
Part Name:			Part Name:				
Subject number:			Subject nun	nber:			
Drawing Number:			Drawing Number:				
Status / date:			Status / date	e:			
Delivery note no	Incoming Goods No. / Date:						
Quantity delivered:			Purchase Order No. / date:				
Batch number:	Delivery Destination:						
Sample weight:							
Supplier Con	nfirmation:		•				
Name:			Comment:				
Department:			comment.				
Telephone:							
Fax:							
E-mail:							
E-IIIaII.			-				
Date:	Signature:						
Customer Deci	sion	overall	I		Decision (accordin	g to Appendix:
Customer Deci	51011	Overan		1 5 7		Lu la la	
Approved		 	1 2 3	4 5 6	7 8 9 10		13 14 15 16 17 18 19 20 21 22 23 24
	pproved, re-sampling		<u> </u>	- 	- - - -		
required]
Rejected, re-san	nling required						- - - - - - - - - - - -
Deviation Conce		Valid until:		uontity fo	r Re-samplin	<u> </u>	Deadline for Re-sampling:
Return delivery		v and unii.		quantity 10	i ixe-sampim	<u>چ</u>	peading for Ke-sampling.
Name:	note no. / date.		Comment:				
			Comment.				
Department:							
Telephone:							
Fax:							
E-mail:							
Date:	Signature:						

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Unterschrift:

Creator: R/QM3

Fax: E-mail: Date: