

Initial Sample Test Report/Special approval

BAUER Maschinen GmbH



Report type

- ☐ Initial sample test report
 - ☐ Initial sampling
 - ☐ Re-sampling
- ☐ Special approval
- ☐ Test report of other samples

Reason for sample test

- ☐ New component / new supplier
- ☐ Product modification
- ☐ Complaints
- ☐ Change in production procedure
- ☐ Prolonged suspension of production
- ☐ New subcontractors
- ☐ Deviation from drawing / specification
- ☐ Problem with batch, possibly faulty parts delivered

Test – appendices and evaluations

	Appendix enclosed?				
	Approved				
	Approved conditionally				
	Rejected				
	rejected, usable after corrective measures				
	rejected, new samples required				

Dimension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material and order details							
Material description	Material number	Revision	State		Purchase order number	Bestell-Datum	Delivery quantity
			painted	unpainted			
			<input type="checkbox"/>	<input type="checkbox"/>			

	Supplier	Customer
Name		
Street, City		
Remark / comment		
Person in charge	Name	
	Department	
	Phone	
	Date	
	Signature / stamp	

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Appendices