

Initial Sample Test Report/Special release Cover Sheet - BAUER Maschinen GmbH



Sender
Address BAUER Maschinen GmbH BAUER-Strasse 1 86529 Schrobenhausen

- () **Initial Sample Test Report**
BAUER Maschinen GmbH
 () Initial sampling
 () Re-sampling
- () **Special release**
 () **Test report of other samples**

- Appendices() Dimension test
 () Function test
 () Material testing
 () Visual inspection
 () NDT
 () _____
 () _____

Sheet 1 of _____

Supplier

Test Report No.:	Version:
Material number:	_____
Status/Date:	_____
Change number:	_____
Designation:	_____
Order no./Date:	_____
Delivery note no./Date:	_____
Quantity delivered:	_____

Reason for sample test

- () New component/New Supplier
 () Product modification
 () Complaints
 () Change in the production procedure
 () Prolonged suspension of production
 () New subcontractors
 () Deviation from the drawing/specification
 () Problem with the batch, possibly faulty parts delivered

Comments: _____

Name:	_____
Department:	_____
Tel:	_____
Date:	_____
Signature/ Stamp:	_____

Customer

Test Report No.:	Version:
Material number:	_____
Status/Date:	_____
Change number:	_____
Designation:	_____
Incoming goods no./Date:	_____
Unloading point:	_____

Decision:

	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"/>
Function	<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"/>
NDT	<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"/>
Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remark: _____

Name:	_____
Department:	_____
Tel:	_____
Date:	_____
Signature/ Stamp:	_____