

Initial Sample Inspection Report VDA Cover Sheet

Version 02

Sender - Supplier	Initial sample inspection report VDA	
Walter Stauffenberg GmbH Im Ehrenfeld 4 58791 Werdohl	<input type="checkbox"/> Single part <input type="checkbox"/> Assembly <input type="checkbox"/> New Part <input type="checkbox"/> Product modification	<input type="checkbox"/> Initial sample inspection <input type="checkbox"/> Re-sampling <input type="checkbox"/> Production relocation <input type="checkbox"/> Change of production process <input type="checkbox"/> Longer stoppage of production <input type="checkbox"/> New sub-supplier <input type="checkbox"/> New, modified or replacement tools <input type="checkbox"/> Product with DwSpA <input type="checkbox"/> Production / Inspection and Test Plan prepared <input type="checkbox"/> FMEA finished <input type="checkbox"/> inspection report, other samples
Customer		

Appendices

<input type="checkbox"/> 1 Functional Test	<input type="checkbox"/> 7 Evidence of Inspection and Test Equipment Capability	<input type="checkbox"/> 13 Appearance
<input type="checkbox"/> 2 Dimensional Check	<input type="checkbox"/> 8 Inspection and Test Equipment List	<input type="checkbox"/> 14 Certificate
<input type="checkbox"/> 3 Material Test	<input type="checkbox"/> 9 EU-Data Safety Sheet	<input type="checkbox"/> 15 Design Release
<input type="checkbox"/> 4 Reliability Test	<input type="checkbox"/> 10 Haptics	<input type="checkbox"/> 16 Ingredients in purchased parts
<input type="checkbox"/> 5 Process Capability Evidence	<input type="checkbox"/> 11 Acoustics	<input type="checkbox"/> 17 Others
<input type="checkbox"/> 6 Process Flow Chart	<input type="checkbox"/> 12 Odors	

Code number, supplier:	
Inspection report No.:	Revision:
Part No.:	
Drawing Number:	
Status / Date:	
Modification Number:	
Part description:	
Order Call-off No./Date:	
Delivery Note No./ Date:	
Quantity delivered:	
Charge Number:	
Sample Weight	

Code number, customer:	
Inspection report No.:	Revision:
Part No.:	
Drawing Number:	
Status / Date:	
Modifikation Number:	
Part description:	
Incoming Goods No./ Date	
Delivery Destination:	

Supplier Confirmation
 It is hereby confirmed, that the sampling has been carried out according to VDA Volume 2 Chapter 4

	Overall	According to Appendix:																	Comment:
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Entspricht den Forderungen	<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"/>	
Entspricht nicht den Forderungen	<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"/>	

Name:		_____ Datum _____ Ersteller* * Dieses Schreiben wurde maschinell erstellt und ist ohne Unterschrift gültig
Department:		
Telephone/Fax/E-Mail:		

Customer Decision:	Overall	According to Appendix:																	Comment:
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Approved	<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"/>	
Conditionally approved	<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"/>	
Rejected, re-sampling necessary	<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"/>	

Concession No.:		When returning, Delivery note No./Date:	
Name:		_____ Date _____ Signature - Stamp: _____	
Department:			
Telephone/Fax/E-Mail:			