**Test report prototype**

**Report on qualification to MTQ5003**

Preliminary sample

Initial Sample

New PSB part

Full PSB test  
  Product change (specification change)

Transfer of production  
  Production process change

Production suspended for longer than 36 months  Tool change/ correction

Outsourced parts change

Change of sub-contractor

Re-sampling/ re-testingOther      

Cover sheet for preliminary/ initial samples and project   
 system business (PSB) components

|  |  |
| --- | --- |
| Sender: | Contact Person:         Tel.:  Fax:  E-mail: |
|  |  |
| Recipient: | **Rolls-Royce Solutions GmbH Wareneingangsprüfung**    **88045 Friedrichshafen/ Germany** |

|  |  |  |
| --- | --- | --- |
| Enclosed / Inspected | | |
| 01 Dimensional check  02 Function check  03 Material test / heat treatment certificate  04 Haptics test  05 Acoustics test  06 Odors test  07 Visual test  08 Surface test | 09 EMC test  10 Reliability tests  11 Design approval  12 Risk analysis, e.g. FEMA  13 Process flowchart  14 Production control plan  15 Proof of process capability | 16 Measurement and test equipment list  17 Measurement and test equipment certificates  18 EU safety data sheet  19 Transport unit / packaging  20 Certificates  21 Process acceptance  22 Other |

|  |  |
| --- | --- |
| **Supplier / Production plant:** | **Customer:** |
| RRS supplier number: |  |
| Report No.: | Report No.: |
| Description:  Item number:  Drawing number:  Status/ date: | Description:  Item number:  Drawing number:  Status/ date: |
| **Delivery note no. / date:** |  |
| Quantity supplied:  Batch number:  Sample weight: |  |

|  |  |
| --- | --- |
| **Supplier confirmation:**  We hereby confirm that qualification was carried out according to MTQ 5003. | |
| Name:  Department:  Telephone:  Fax:  E-mail:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signature | Comments: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer decision:** | **over­all** | **Individual approvals:** | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| Approved |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Approved with conditions, re-sampling required |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| Rejected, re-sampling required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Deviation approval no.: Validity:  Deadline for re-sampling**:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| In case of return shipment, include Q-report No. / date**:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name:  Department:  Telephone:  Fax:  E-mail: | | | | | | Comments:            Date Signature | | | | | | | | | | | | | | | | | | | |

Form-No.:

**Contents of the PPA report**

|  |  |
| --- | --- |
| **Supplier / Production plant:** | **Customer:** |
| RRS supplier number: |  |
| Report No.: | Report No.: |
| Description:  Item number:  Drawing number:  Status/ date: | Description:  Item number:  Drawing number:  Status/ date: |

|  |  |  |
| --- | --- | --- |
| **Enclosure** | **Status/ date** | **Nature, extent and identification of**  **enclosures** |
| 01 Dimensional check |  |  |
| 02 Function check |  |  |
| 03 Material test / heat treatment certificate |  |  |
| 04 Haptics test |  |  |
| 05 Acoustics test |  |  |
| 06 Odors test |  |  |
| 07 Visual test |  |  |
| 08 Surface test |  |  |
| 09 EMC test |  |  |
| 10 Reliability test |  |  |
| 11 Design approval |  |  |
| 12 Risk analysis, e.g. FEMA |  |  |
| 13 Process flowchart |  |  |
| 14 Production control plan |  |  |
| 15 Proof of process capability |  |  |
| 16 Measurement and test equipment list |  |  |
| 17 Measurement and test equipment certificates |  |  |
| 18 EU safety data sheet |  |  |
| 19 Transport unit / packaging |  |  |
| 20 Certificates |  |  |
| 21 Process acceptance |  |  |
| 22 Other |  |  |

|  |
| --- |
| **Supplier’s comments:** |
| Name:  Department:  Telephone:  Fax:  E-mail:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signature |

Form-No.:

**Product-related test results** Status:      / Date:

Page     of

|  |  |
| --- | --- |
| 01 Dimensional check  02 Function check  03 Material test / heat treatment certificate  04 Haptics test  05 Acoustics test | 06 Odors test  07 Visual test  08 Surface test  09 EMC test  10 Reliability test |
|  | |
| **Supplier / Production plant:** | **Customer:** |
| RRS supplier number: |  |
| Report No.: | Report No.: |
| Description:  Item number:  Drawing number:  Status/ date: | Description:  Item number:  Drawing number:  Status/ date: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ref-  No.: | Requirements  Specifications | Actual values  Supplier | Specification  fulfilled | | Comments |
| Yes | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Supplier confirmation:**  Comments: | **Customer decision:** | |
| **Approved** |  |
| **Rejected, re-sampling required** |  |
| Comments: | |
| Name:  Department:  Telephone:  Fax:  E-mail:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signature | Name:  Department:  Telephone:  Fax:  E-mail:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signature | |

Form-No.:

**Product-related test results** Status:      / Date:

Page     of

|  |  |
| --- | --- |
| 01 Dimensional check  02 Function check  03 Material test / heat treatment certificate  04 Haptics test  05 Acoustics test | 06 Odors test  07 Visual test  08 Surface test  09 EMC test  10 Reliability test |
|  | |
| **Supplier / Production plant:** | **Customer:** |
| RRS supplier number: |  |
| Report No.: | Report No.: |
| Description:  Item number:  Drawing number:  Status/ date: | Description:  Item number:  Drawing number:  Status/ date: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ref-  No.: | Requirements  Specifications | Actual values  Supplier | Specification  fulfilled | | Comments |
| Yes | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Supplier confirmation:**  Comments: | **Customer decision:** | |
| **Approved** |  |
| **Rejected, re-sampling required** |  |
| Comments: | |
| Name:  Department:  Telephone:  Fax:  E-mail:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signature | Name:  Department:  Telephone:  Fax:  E-mail:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signature | |

Form-No.: