**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** |

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| --- | --- | --- |
| 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: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.: