**[ ]  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-testing **[ ]** Other

 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 |

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

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| --- |
| **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.: