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

 Page     of

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| --- | --- |
| [ ]  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:  |

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| Ref-No.: | RequirementsSpecifications | Actual valuesSupplier | Specificationfulfilled | Comments |
| Yes | No |

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| **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.: