**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: |

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