**Reduced Inspection**

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| Sender | | | | | | |  | | | | | | | |
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|  | | | | | | |  | **Reason** | | | | | | |
|  | | | | | | |  | Production freeze exceeding 3 years | | | | | | |
|  | | | | | | |  | Part family inspection with reference after consultation\* | | | | | | |
| Recipient | | | | | | |  | | | | | | | |
| MTU Friedrichshafen GmbH | | | | | | |  | | | | | | | |
| Wareneingangsprüfung | | | | | | |  | | | | | | | |
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| 88040 Friedrichshafen | | | | | | | \* Inital sample approval according to MTQ 5003: | | | | | | | |
|  | | | | | | | Mat.-No.:. | | |  | | | | |
|  | | | | | | | Date: | | |  | | | | |
|  | | | | | | | | | | | | | | |
| **Supplier/Production plant::** | | | | | | | **Customer:** | | | | | | | |
|  | | | | | | |  | | | | | | | |
| **Report No.:** | | | | |  | | **Report No.:** | | | | | |  | |
| Description: | | |  | | | | Description: | | | | |  | | |
| Material number: | | |  | | | | Material number: | | | | |  | | |
| Drawing No.: | | |  | | | | Drawing No.: | | | | |  | | |
| Status/Date: | | |  | | | | Status/Date: | | | | |  | | |
| **Delivery note no. / Date::** | | |  | | | |  | | | | |  | | |
| Delivery quantity: | | |  | | | |  | | | | |  | | |
| Batch number: | | |  | | | |  | | | | |  | | |
| Sample weight: | | |  | | | |  | | | | |  | | |
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| **Supplier confirmation** | | | | | | | | | | | | | | |
| 01 | The material corresponds to specifications (analysis, purity, homogeneity, strength, etc. ) | | | | | | | | | | | | | |
| 02 | The machinery, devices, tools, pattern equipment and core boxes used have not changed since the last production series which was delivered. | | | | | | | | | | | | | |
| 03 | The machinery, devices, tools, pattern equipment and core boxes were properly stored and are in perfect condition. | | | | | | | | | | | | | |
| 04 | The change status of devices, tools, pattern equipment and core boxes corresponds to the change status currently registered. | | | | | | | | | | | | | |
| 05 | Any faults which were the subject of complaints regarding previous deliveries have been permanently corrected. | | | | | | | | | | | | | |
| 06 | With respect to dimensions, cleanness, surface properties and function, the newly manufactured parts display no irregularities and meet the specifications. | | | | | | | | | | | | | |
| Name: | |  | | | | | | | Remarks: | | | | | |
| Dept: | |  | | | | | | |  | | | | | |
| Phone: | |  | | | | | | |  | | | | | |
| Fax: | |  | | | | | | |  | | | | | |
| E-Mail: | |  | | | | | | |  | | | | | |
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| Date: | | | | Signature: | | | | |  | | | | | |
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| **Customer decision** | | | | | | **Overall** | | | Remarks: | | | | | |
| **Approved** | | | | | |  | | |  | | | | | |
| **Approved with conditions, re-sampling required** | | | | | |  | | |  | | | | | |
| **Rejected, re-sampling required** | | | | | |  | | |  | | | | | |
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| Name: | |  | | | | | | |  | | | | | |
| Dept.: | |  | | | | | | |  | | | | | |
| Phone: | |  | | | | | | |  | | | | | |
| Fax: | |  | | | | | | |  | | | | | |
| E-Mail: | |  | | | | | | | Date: | | | | | Signature: |

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

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| 01 Dimensional check  02 Function check  03 Material test  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:** | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | |
| Test report no.: | | | | | | | Index: | Test report no.: | | | | | | | | Index: | |
| Description: | | | |  | | | | Description: | | | | | |  | | | |
| Item number: | | | |  | | | | Item number: | | | | | |  | | | |
| Drawing number: | | | |  | | | | Drawing number: | | | | | |  | | | |
| Status / Date: | | | |  | | | | Status / Date: | | | | | |  | | | |
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| Ref.- No. | Requirements  Specification | | | | | Actual values  Supplier | | | Specification fulfilled | | | | Remarks | | | | |
|  |  | | | | |  | | | Yes | No | | |  | | | | |
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| **Supplier confirmation:** | | | | | | | | **Customer decision:** | | | | | | | | | |
| Remarks: | | | | | | | | **Approved** | | | | | | | | |  |
|  | | | | | | | | **Approved with conditions, re-sampling required** | | | | | | | | |  |
|  | | | | | | | | **Rejected, re-sampling required** | | | | | | | | |  |
|  | | | | | | | | Remarks: | | | | | | | | | |
| Name: | |  | | | | | | Name: | | | |  | | | | | |
| Dept.: | |  | | | | | | Dept: | | | |  | | | | | |
| Phone: | |  | | | | | | Phone: | | | |  | | | | | |
| Fax: | |  | | | | | | Fax: | | | |  | | | | | |
| E-Mail: | |  | | | | | | E-Mail: | | | |  | | | | | |
|  | | |  | | | | |  | | | | | | |  | | |
| Date | | | Signature | | | | | Date | | | | | | | Signature | | |