



Supplier: Company: _____
 Street: _____
 Country/postal code/city: _____

Address: Company: KRONES AG
 Department: First sample test centre
 Street: Böhmerwaldstraße 5
 Country/postal code/city: D 93073 Neutraubling

- ☒ First sample test report
☐ First sampling
☐ Re-sampling
☐ New part
☐ Product modification
☐ Production transfer
☐ Change in production procedures
☐ Long production pause
☐ New subcontractor
☐ Product with dmbA
☐ Production/Inspection and test plan prepared
☐ FMEA carried out
☐ Test report of other samples

Enclosures

- | | | |
|---|--|---|
| <input type="checkbox"/> 01 Functional test | <input type="checkbox"/> 07 Evidence for Insp. and test equipm. efficiency | <input type="checkbox"/> 13 Appearance |
| <input checked="" type="checkbox"/> 02 Dimensional test | <input type="checkbox"/> 08 Inspection and test equipment list | <input type="checkbox"/> 14 Certificate |
| <input type="checkbox"/> 03 Material test | <input type="checkbox"/> 09 EU safety data sheet | <input type="checkbox"/> 15 Design approval |
| <input type="checkbox"/> 04 Reliability test | <input type="checkbox"/> 10 Haptics | <input type="checkbox"/> 16 Constituents of purchased parts |
| <input type="checkbox"/> 05 Process capability test | <input type="checkbox"/> 11 Acoustics | <input type="checkbox"/> 17 Other |
| <input type="checkbox"/> 06 Process flow chart | <input type="checkbox"/> 12 Odour | |

| | |
|---|---|
| Identification number., supplier | Customer: Krones Neutraubling |
| Test report no.: | Notification number |
| Subject number: | Subject number: |
| Drawing number: | Drawing number: |
| Status / date: | Status / date: Will be filled in by Krones internally |
| Revision number: | Revision number: |
| Designation: | Designation: |
| Order call no./date: | |
| Delivery note no./date: | Incoming goods no./-date: |
| Quantity delivered: | Parts stored: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Batch no.: | |
| Sample weight: | |

Confirmation first sample test centre Krones. It is hereby confirmed, that sampling has been carried out according to KRONES internal guidelines.

| | |
|--|-----------------|
| Name: | Comment: |
| Department: | |
| Tel./ email: | |
| signed by Will be filled in by Krones internally | |

| Customer decision: | Overall | According to enclosure: | | | | | | | | | | | | | | | | |
|---------------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Approved | <input type="checkbox"/> | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Conditionally approved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rejected, re-sampling necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: | Comment: | Will be filled in by Krones internally | | | | | | | | | | | | | | | | |
| Department: | | | | | | | | | | | | | | | | | | |
| Tel./ email: | | | | | | | | | | | | | | | | | | |
| signed by order of | | | | | | | | | | | | | | | | | | |

