



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

Adress: 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:																	
		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	
		<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"/>
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Name:		Comment:																	
Department:																			
Tel./ email:																			
signed by order of		Will be filled in by Krones internally																	

