

**Report result
First Sample Test Report
Quality assurance**

Karl Dungs GmbH & Co. KG • Karl-Dungs-Platz 1 • 73660 Urbach		Date of receipt		Date of issue				
		<input type="checkbox"/>		<input type="checkbox"/>				
		Measuring report		Materials report		Functional report		
		Supplier		Report No.		Ref.		
				Report No.		Ref.		
		Buyer		Report No.		Ref.		
Supplier No.		Page		No. of pages				
Supplier			Customer (Buyer)					
Material No.		Index/Date		Material No.		Index/Date		
Product description			Product description					
Order No.		Order date		No. of samples				
Packing list No.		Packing list date		No. of form cavities				
Reason for the First Sample Test Report		<input type="checkbox"/> New supplier		<input type="checkbox"/> Changed manufacture conditions		<input type="checkbox"/> Preliminary sample		
		<input type="checkbox"/> New part		<input type="checkbox"/> New manufacturing location		<input type="checkbox"/> Sampling number		
		<input type="checkbox"/> New tool		<input type="checkbox"/> Repair of tools		<input type="checkbox"/> According to index		
Result see appendices. The actual values are performed in the order of the pattern numbering. Mass except tolerance are underlined.								
Comment (constraint):			Comment (constraint)					
Material used:			Sampling					
Confirmation			Decision					
<p>We confirm,</p> <p>1. That the preliminary samples submitted are completely made with the equipment used for serial manufacture and are made under the conditions of serial manufacture.</p> <p>2. The correct execution of this test of preliminary samples and the description thereof in this first pattern report (exceptions from this are stated separately in this report).</p> <p>3. That the supplier does not relieve from his obligation of delivering according to the at any time valid drawing, test gauge and required functional regulations, respectively.</p>			Measurement		approved	Approved with conditions	rejected, new samples required	
			Material					
			Function					
			Final decision					
Name/Telefon Nr./E mail for enquiries _____ _____ Date / Binding signatures supplier / company stamp			_____ Date / Responsible signatures buyer					
Distribution list:			<input type="checkbox"/> Sample Testing		<input type="checkbox"/> Materials disposition		<input type="checkbox"/> Purchasing	
			<input type="checkbox"/> Supplier		<input type="checkbox"/> Copy _____		<input type="checkbox"/> Copy _____	