

measurement protocol

measurement protocol for approval report:	date: page 1 of
supplier Item/drawing/modification no./version/date name:	ebm-papst Item/drawing/index/KM, revision no./date name:
Number of samples assessed (per cavity/track where applicable)	
..... units (per cavity / track)	
<ul style="list-style-type: none"> Please highlight (e.g. underline) single values not within the range. Enter also the number X of these parts falling outside of the tolerance range in the „Supplier assessment“ column with “i = X”. Please mark critical features as specified by ebm-papst (see drawing) in the “Feature no.” column with “*”. If these are partially or wholly outside the tolerance range, please attach a corrective action plan. Characteristics with form errors over 20% of the tolerance range must be specified with widths. 	

characteristic No:	Specified size / USL / LSL / meas. unit	Actual values		supplier assessment where not OK i=	ebm-papst assessment
		from	- to		

measurement protocol for approval report:	page of
supplier Item/drawing/modification no./version/date name:	ebm-papst Item/drawing/KM/revision no./date name:

characteristic No:	Specified size / USL / LSL / meas. unit	Actual values		supplier assessment where not OK is=	ebm-papst assessment
		from	to		

measurement protocol for approval report:	page of
supplier Item/drawing/modification no./version/date name:	ebm-papst Item/drawing/KM/revision no./date name:

charac- teristic No:	Specified size / USL / LSL / meas. unit	Actual values		supplier	ebm-papst
		from	- to	assessment where not OK i=	assessment

The supplier employee responsible for correctness and completeness:

dept. / name:
extension:
fax:
email:

.....
date / signature

copies (supplier):