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)

- 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 (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.

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

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 cavitiy ..... from - to	Actual values cavitiy ..... from - to	supplier assess-ment where **not OK** i=	ebm-papst assessment

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 cavitiy ..... from - to	Actual values cavitiy ..... from - to	supplier assess-ment where **not OK** i=	ebm-papst assessment

The supplier employee responsible for correctness and completeness:

dept. / name:
extension:
fax:
email:

.....
date / signature

copies (supplier):