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)			
Discontinuity of the control of the				

- 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-		Actual values	Actual values	supplier	
teristic	Specified size / USL / LSL / meas. unit	cavitiy	cavitiy	assess- ment where not OK i=	ebm-papst assessment
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name: name:						
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supplier Item/drawing/modification no./version/date		ebm-papst Item/drawing/KM/revision no./date				
name:	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):						