

measurement protocol

measurement protocol for approval report:	date: page 1 of	<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 (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
supplier Item/drawing/modification no./version/date name:	ebm-papst Item/drawing/KM/revision no./date name:	
Number of samples assessed (per cavity/track where applicable) <div style="text-align: right;">..... units (per..... cavity / track)</div>		

Ref- No.	specified size / tolerance / meas. unit	Actual values		Actual values		Actual values		Actual values		Actual values		supplier assess-ment where not OK i=	ebm-papst assessment
		cavity	from - to	cavity	from - to	cavity	from - to	cavity	from - to	cavity	from - to		

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supplier Item/drawing/modification no./version/date name:	ebm-papst Item/drawing/KM/revision no./date name:

Ref- No.	specified size / tolerance / meas. unit	Actual values cavityi from - to	Actual values cavityi from - to	Actual values cavityi from - to	Actual values cavityi from - to	Actual values cavityi from - to	Actual values cavityi 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):

ebm-papst measurement protocol 6 cavities rev 1