



Sender

Supplier Name
 Plant Designation
 Plant- / DUNS - Code
 Street or Post Box
 Country, Post Code, City

Recipient

Customer Name
 Plant Designation
 Plant- / DUNS - Code
 Street or Post Box
 Country, Post Code, City

Production Process and Product Approval
 DmbA (Part with special Documentation Requirements)

Submission Level: _____

- Sampling
 - New Part
 - Product Change (Specification Change)
 - Change of Location of Production
 - Change of Production Process
 - Production stopped for more than 12 months
 - Tool Modification / Tool Correction
 - Change of Component Supplied
 - Change of Supplier
 - Other

- Re-Sampling
- New Sampling

Report for Other Samples

Enclosures / Documents to be Reviewed

- | | | |
|--|--|--|
| <input type="checkbox"/> 01 Verification of Dimensions | <input type="checkbox"/> 09 EMI Testing | <input type="checkbox"/> 17 List of Measuring Equipment |
| <input type="checkbox"/> 02 Functional Testing | <input type="checkbox"/> 10 Reliability Testing | <input type="checkbox"/> 18 Measuring System Analysis |
| <input type="checkbox"/> 03 Material Testing | <input type="checkbox"/> 11 Design-FMEA | <input type="checkbox"/> 19 EU Safety Data Sheet |
| <input type="checkbox"/> 04 Tactile Testing | <input type="checkbox"/> 12 Design Approval | <input type="checkbox"/> 20 Material Data Sheet/IMDS |
| <input type="checkbox"/> 05 Sound Testing | <input type="checkbox"/> 13 Process-FMEA | <input type="checkbox"/> 21 Transportation Equipment / Packaging |
| <input type="checkbox"/> 06 Smell Testing | <input type="checkbox"/> 14 Process Flow Chart | <input type="checkbox"/> 22 Certificates |
| <input type="checkbox"/> 07 Appearance Testing | <input type="checkbox"/> 15 Production Control Plan | <input type="checkbox"/> 23 Process Approval |
| <input type="checkbox"/> 08 Surface Testing | <input type="checkbox"/> 16 Process Capability Study | <input type="checkbox"/> 24 Other |

Supplier/Production Location:		Customer:	
Code Number / DUNS-Code:		Code Number:	
Report No.:	Index:	Report No.:	Index: <small>to be filled in by customer</small>
Designation:		Designation:	
Part Number:	Tool Version	Part Number:	Tool Version
Drawing Number::		Drawing Number::	
Status / Date:	CO No.:	Status / Date:	CO No.:
Shipment-No. / -Date:		RO-No. / -Date: <small>to be filled in by customer</small>	
Quantity :		Order-No./-Date:	
Lot Number:		Shipment Address:	
Weight of Sample: <u>g</u>			

Confirmation from Supplier:
 We herewith confirm, that the sampling process fullfills the requirements of VDA volume 2, chapter 4.
 The IMDS-Data Set was created using the following IMDS-ID-No.:

Name:	Remark
Department:	
Phone/Fax:	
E-mail:	
Date:	Signature

Customer Decision	To-tal:	Individual Approval:																							
		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditional approval, Re-Sampling required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refused, New Sampling required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Deviation Approval-No.	Valid until:	Quantity:	Date for Re-Sampling:
If sent back, Delivery-Note-No. / -Date:			
Name:	Remark		
Department:			
Phone/Fax:			
E-mail:			



Date:	Signature													
Distribution to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10	11	12	13	14

Supplier / Production Location:				Customer:			
Code Number / DUNS-Code:				Code Number:			
Report No.:		Index:		Report No.:		Index: <small>to be filled in by customer</small>	
Designation:				Designation:			
Part Number:		Tool Version		Part Number:		Tool Version	
Drawing Number::				Drawing Number::			
Status/Date:		CO No.:		Status/Date:		CO No.:	

Enclosure	Status / Date	Type, No. of Pages, Identification of Enclosures
<input type="checkbox"/> 01 Verification of Dimensions		
<input type="checkbox"/> 02 Functional Testing		
<input type="checkbox"/> 03 Material Testing		
<input type="checkbox"/> 04 Tactile Testing		
<input type="checkbox"/> 05 Sound Testing		
<input type="checkbox"/> 06 Smell Testing		
<input type="checkbox"/> 07 Appearance Testing		
<input type="checkbox"/> 08 Surface Testing		
<input type="checkbox"/> 09 EMI Testing		
<input type="checkbox"/> 10 Reliability Testing		
<input type="checkbox"/> 11 Design-FMEA		
<input type="checkbox"/> 12 Design Approval		
<input type="checkbox"/> 13 Process FMEA		
<input type="checkbox"/> 14 Process Flow Chart		
<input type="checkbox"/> 15 Production Control Plan		
<input type="checkbox"/> 16 Process Capability Study		
<input type="checkbox"/> 17 List of Measuring Equipment		
<input type="checkbox"/> 18 Measuring System Analysis		
<input type="checkbox"/> 19 EU Safety Data Sheet		
<input type="checkbox"/> 20 Material Data Sheet / IMDS		
<input type="checkbox"/> 21 Transportation Equipment / Packaging		
<input type="checkbox"/> 22 Certificates		
<input type="checkbox"/> 23 Process Approval		
<input type="checkbox"/> 24		

Remarks from Supplier:	
Name:	
Department:	
Phone:	
Fax:	
E-mail:	



Date:	Signature
-------	-----------

Product related Test Results

Status: _____ Date: _____

<input type="checkbox"/> 01 Verification of Dimensions	<input type="checkbox"/> 06 Smell Testing
<input type="checkbox"/> 02 Functional Testing	<input type="checkbox"/> 07 Appearance Testing
<input type="checkbox"/> 03 Material Testing	<input type="checkbox"/> 08 Surface Testing
<input type="checkbox"/> 04 Tactile Testing	<input type="checkbox"/> 09 EMI Testing
<input type="checkbox"/> 05 Sound Testing	<input type="checkbox"/> 10 Reliability Testing

Supplier / Production Location:		Customer:	
Code Number / DUNS-Code:		Code Number:	
Report No.:	Index:	Report No.:	Index: <small>to be filled in by Customer</small>
Designation:		Designation:	
Part Number:	Tool Version	Part Number:	Tool Version
Drawing Number::		Drawing Number::	
Status/Date:	CO No.:	Status/Date:	CO No.:

Ref. No.	Requirement Specification	Actual Values Supplier	Specification fulfilled		Remark ²⁾
			yes ¹⁾	no ¹⁾	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Confirmation from Supplier:		Customer Decision:	
Remarks:		Approved	<input type="checkbox"/>
		Rejected, Re-Sampling required	<input type="checkbox"/>
		Remarks	
Name:		Name:	
Department:		Department:	
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	
Date:	Signature	Date:	Signature

Remarks: ¹⁾ = please cross appropriate box / ²⁾ = fill in "C" if correction is required / "A" if deviation is accepted



Product related Test Results

Status: _____ Date: _____

<input type="checkbox"/> 11 Design-FMEA	<input type="checkbox"/> 18 Measuring System Analysis
<input type="checkbox"/> 12 Design Approval	<input type="checkbox"/> 19 EU Safety Data Sheet
<input type="checkbox"/> 13 Process FMEA	<input type="checkbox"/> 20 Material Data Sheet/IMDS
<input type="checkbox"/> 14 Process Flow Chart	<input type="checkbox"/> 21 Transportation Equipment / Packaging
<input type="checkbox"/> 15 Production Control Plan	<input type="checkbox"/> 22 Certificates
<input type="checkbox"/> 16 Process Capability Study	<input type="checkbox"/> 23 Process Approval
<input type="checkbox"/> 17 List of Measuring Equipment	<input type="checkbox"/> 24 Other

Supplier / Production Location:		Customer:	
Code Number / DUNS-Code:		Code Number:	
Report No.:	Index:	Report No.:	Index: <small>to be filled in by Customer</small>
Designation:		Designation:	
Part Number:	Tool Version	Part Number:	Tool Version
Drawing Number::		Drawing Number::	
Status/Date:	CO No.:	Status/Date:	CO No.:

Confirmation from Supplier:		Customer Decision:	
Remerken:		approved	<input type="checkbox"/>
		rejected, Re-Sampling is required	<input type="checkbox"/>
		Remarks	
Name:		Name:	
Department:		Department:	
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	
Date: _____ Signature _____		Date: _____ Signature _____	