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| Date |  |
| KM Purchase order number |  |
| KM Part number |  |

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| Supplier name and address |  |
| Name Quality responsible |  |
| Mail address |  |
| Phone |  |

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| **Reasons for initial sampling** | **(X)** | **Description** |
| KM Change order |  |  |
| Change of sub component |  |  |
| Change of sub supplier |  |  |
| Change of material |  |  |
| Change of surface treatment |  |  |
| Change of manufacturing method |  |  |
| Change of testing (verification) |  |  |
| Change of geographical location for production |  |  |
| Other change |  |  |

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| **Attachments:** | **(X)** | **Description** |
| Flowchart |  |  |
| Control plan |  |  |
| SPC / Capability study |  |  |
| External test document/ documentation |  |  |
| Material certificate |  |  |
| Photos |  |  |
| Other |  |  |

*Indicate with (X) as applicable*

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| Requirement / Dimension and tolerance | Sample marked1 | Sample marked2 | Sample marked3 | Sample marked4 | Sample marked5 | Sample marked6 | Sample marked7 | Sample marked8 | Sample marked9 | Sample marked10 | Comments |
|  | Result | Result | Result | Result | Result | Result | Result | Result | Result | Result |  |
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| Requirement / Dimension and tolerance | Sample marked1 | Sample marked2 | Sample marked3 | Sample marked4 | Sample marked5 | Sample marked6 | Sample marked7 | Sample marked8 | Sample marked9 | Sample marked10 | Comments |
|  | Result | Result | Result | Result | Result | Result | Result | Result | Result | Result |  |
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| **Confirming** |
| This is to certify that the products have been produced, tested and inspected according to the company quality assurance procedures.The process is capable (under control) and no part has been rejected or adjusted to fulfil the specification or requirements.It is certified that the products conform in all respects to the specification(s), drawing(s) and order.And that the products have been inspected and tested in accordance with the conditions and requirements of the order. |
| **Signature Quality Manager:** | **Date** | **Name:** (Printed) |
|  |  |  |