

Cover sheet

Sender _____ Recipient _____

Production process and product approval report

Report covering other samples

Sample submission

New parts

Product modification:

Production process modification:

Submission level: _____

Reapproval of PPA Process

Long-term production stop (more than 12 months)

Modification in the supply chain

Attachments / items for inspection

Product / Process

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 1.1 Geometry, dimension check | <input type="checkbox"/> 1.9 ESD test | <input type="checkbox"/> 8 Software test report | <input type="checkbox"/> 16 Tooling list |
| <input type="checkbox"/> 1.2 Function check | <input type="checkbox"/> 1.10 Reliability tests | <input type="checkbox"/> 9 Process FMEA | <input type="checkbox"/> 17 Confirmation of agreed capacity |
| <input type="checkbox"/> 1.3 Material check | <input type="checkbox"/> 2 Samples | <input type="checkbox"/> 10 Process flow chart | <input type="checkbox"/> 18 Written self-assessment |
| <input type="checkbox"/> 1.4 Haptic check | <input type="checkbox"/> 3 Technical specifications | <input type="checkbox"/> 11 Control plan | <input type="checkbox"/> 19 Part history |
| <input type="checkbox"/> 1.5 Acoustics check | <input type="checkbox"/> 4 Product FMEA | <input type="checkbox"/> 12 Confirmation of process capability | <input type="checkbox"/> 20 Confirmation of suitability of transport equipment |
| <input type="checkbox"/> 1.6 Odour check | <input type="checkbox"/> 5 Design release | <input type="checkbox"/> 13 Achievement of special characteristics | <input type="checkbox"/> 21 PPA status of the supply chain |
| <input type="checkbox"/> 1.7 Appearance check | <input type="checkbox"/> 6 Compliance with legal requirements | <input type="checkbox"/> 14 Test/inspection equipment list | <input type="checkbox"/> 22 Approval of coating systems |
| <input type="checkbox"/> 1.8 Surface check | <input type="checkbox"/> 7 Material data sheet / IMDS | <input type="checkbox"/> 15 Capability study testing equipment | <input type="checkbox"/> 23 Others |

Supplier details

Supplier/production location:	Ident. No. / DUNS:	Customer:
Part description:	Delivery note no.:	Report No.:
Part No.:	Quantity supplied:	Index:
Drawing No.:	Batch No.:	Goods Inwards No. / date:
Issue / date	Weight of sample:	Order schedule no. / date:
		Unloading point:

Confirmation by supplier – It is hereby confirmed that the sample submission has been carried out in accordance with the agreed submission level to VDA volume 2

Name: _____ Telephone: _____ The IMDS data-set has been drawn up under IMDS ID-No.:

Dept.: _____ Fax / E-mail: _____

Comments: _____ Date: _____ Signature: _____

Customer's decision	Approval																																				
	Product / Process																																				
	Overall	Overall process	Overall product	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23		
OK	<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"/>	<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"/>
Conditionally OK – follow-on submission 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"/>	<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"/>
NOK–Reapproval of PPA Process is 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"/>	<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 of reapproval PPA Process _____ If returned: delivery note no. & date: _____

Name: _____ Telephone: _____

Dept.: _____ Fax / E-mail: _____

Comments: _____ Date: _____ Signature: _____

Distribution: _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____