measurement protocol

measurement protocol for approval report:	date: page 1 of	• 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.
supplier **Item/drawing/modification no./version/date** **name:**	**ebm-papst** **Item/drawing/KM/revision no./date** **name:**	• Characteristics with form errors over 20% of the tolerance range must be specified with widths
Number of samples assessed (per cavity/track where applicable)	.... **units** (per............ cavity / track)	

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

measurement protocol for approval report:		page of
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 cavitiy .... from - to	Actual values cavitiy .... from - to	Actual values cavitiy .... from - to	Actual values cavitiy .... from - to	Actual values cavitiy .... from - to	Actual values cavitiy .... from - to	supplier assess-ment where **not OK** i=	ebm-papst assessment

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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 cavitiy .... from - to	Actual values cavitiy .... from - to	Actual values cavitiy .... from - to	Actual values cavitiy .... from - to	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):