Product-related test results **Issue: ____ / Date: _____**

Sheet ____ of ____

1.1 Geometry, dimensional checks	1.9 ESD test
1.2 Function checks	1.10 Reliability checks
1.3 Material checks	2 Samples
1.4 Haptic checks	3 Technical specifications
1.5 Acoustics checks	4 Product FMEA
1.6 Odour checks	5 Design release
1.7 Appearance checks	6 Compliance with legal requirements
1.8 Surface checks	7 Material data sheet / IMDS

Supplier / Production location:	**Customer:**
ID no. / DUNS code:	ID no.:
Report no.: Index:	Report no.: Index: to be completed by customer
Description: Part no.: Drawing no.: Issue level / date:	Description: Part no.: Drawing no.: Issue level / date:

Ref. no.:	Requirements Specifications	Measured data (supplier)	Specification satisfied? Yes	No	Comments:

Confirmation by supplier:	**Decision by customer:**	
Comments:	Released	
	Rejected, reapproval of PPA Process is required	
	Comments:	
Name:	Name:	
Dept.:	Dept.:	
Telephone:	Telephone:	
Fax:	Fax:	
E-Mail:	E-Mail:	
Date: Signed:	Date: Signed:	

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Forms of VDA Band 2:
5th revised edition 2012
Production process and
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