



Checklist for sampling – Enclosure 1.1

	Checklist for sampling	
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Recipient:		Details of sampling:		
KESSEL AG Bahnhofstraße 311 D-85101 Lenting Germany 1		KESSEL article number KESSEL article description: Supplier's article number: Drawing status / date: Change no.:	6 7 8 9 10	
Supplier:		Remark: 11		
Contact:	2			
Department:	3			
E-mail:	4			
Phone:	5			
Required data and proofs:		12		
<i>Reasons on supplementary sheet if "no"</i>		Yes	No	n/a
1	Complete sampling documents received from Kessel AG?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Read and understood sampling guidelines? (see "General provisions for sampling")	<input type="checkbox"/>	<input type="checkbox"/>	
3	Test report completed in full and countersigned?	<input type="checkbox"/>	<input type="checkbox"/>	
3.1	Target values with tolerances and/or actual values entered?	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Actual values within the tolerance? If "no" see General provisions for sampling!	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Measuring equipment entered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Supplementary sheet on "Contents in bought-in parts" completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Document enclosed for proof of process capability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	All packaging units and sample parts labelled correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Required Enclosures as noted in the test report included?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Additional information:</i>				
7	Quality criteria for looks, dimensional accuracy, etc. understood?	<input type="checkbox"/>	<input type="checkbox"/>	
8	Test plan exists?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Process flow chart exists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Failure Mode and Effect Analysis exists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	The measuring equipment used has been calibrated correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
12	Hazardous substances used? (Hazardous substances with REACH approval)	<input type="checkbox"/>	<input type="checkbox"/>	

Enclose "Checklist for sampling with supplementary sheet" with the documents for KESSEL AG!

13	14	15
_____	_____	_____
Closing date	Name	Signature



Supplementary sheet **16**

Number:

Reasons:

[]

[]

SAMPLE



1. Recipient's address (KESSEL SE + CO.KG)
2. Name of contact person (supplier)
3. Department of contact person (supplier)
4. E-mail of contact person (supplier)
5. Telephone number of contact person (supplier)
6. KESSEL article no.
7. KESSEL article description
8. Supplier's article number (if different from KESSEL article number)
9. Drawing status / date
10. Change number (if available)
11. Remarks section (supplier)
12. Required data and proofs (tick where applicable) (supplier)
13. Closing date (supplier)
14. Name of contact person (supplier)
15. Signature of contact person (supplier)
16. Supplementary sheet for checklist (if "no", reasons on supplementary sheet)



Label for sample parts – Enclosure 1.2

Packaging label 1.2.1

		Erstmusterteile (sample parts)		KESSEL
Verpackungsaufkleber (packaging label)	Empfänger: (recipient)	Artikelnummer KESSEL: (article number KESSEL)		
	KESSEL AG Bahnhofstraße 31 85101 Lenting / Germany	[Redacted]		
	Ansprechpartner: (contact person)	Artikelbezeichnung KESSEL: (article description KESSEL)		
	Absender: (consignor)	Produktionsdatum: (date of production)		
		Zeichnungsstand / - Datum: (drawing status / - date)		
		Bestellabruf-Nr. / - Datum: (order call no. / - date)		
	Stückzahl: (quantity)	Grund der Lieferung: (reason for delivery)		
	[Redacted]	<input type="checkbox"/> Erstbemusterung (initial sampling) <input type="checkbox"/> Nachbemusterung (re-sampling) <input type="checkbox"/> Sonstiges (others) [Redacted]		

Parts label 1.2.2

Teileaufkleber (part label)	Grund der Lieferung: (reason for delivery)	[Redacted]
	Lieferant: (supplier)	[Redacted]
	Artikelnummer KESSEL: (article number KESSEL)	[Redacted]
	Artikelbezeichnung KESSEL: (article description KESSEL)	[Redacted]
	Produktionsdatum: (date of production)	[Redacted]



Test report – Enclosure 1.3

	Test report	
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Recipient: KESSEL AG Bahnhofstraße 31 D-85101 Lenting 1 Germany		Initial sampling: <input type="checkbox"/> New product / project <input type="checkbox"/> Product change 3 <input type="checkbox"/> Shift of production <input type="checkbox"/> Change in the production process <input type="checkbox"/> New sub-contractor													
Supplier: <input type="checkbox"/> 2		Re-sampling: <input type="checkbox"/> Complete re-sampling <input type="checkbox"/> Partial re-sampling													
Required enclosures: 5		Number of sampling: 4													
<input type="checkbox"/> 01 Functional test	<input type="checkbox"/> 06 Proof of test device and equipment capability	<input type="checkbox"/> 11 Appearance													
<input checked="" type="checkbox"/> 02 Dimensional inspection	<input type="checkbox"/> 07 List of test devices or equipment	<input type="checkbox"/> 12 Certificates													
<input type="checkbox"/> 03 Material test	<input checked="" type="checkbox"/> 08 EC data safety sheet	<input type="checkbox"/> 13 Contents in bought-in parts													
<input type="checkbox"/> 04 Process capability analysis	<input type="checkbox"/> 09 Haptic	<input type="checkbox"/> 14 Other: []													
<input type="checkbox"/> 05 Process flow chart	<input type="checkbox"/> 10 Acoustics														
Details of sampling: KESSEL article number: 6 KESSEL article description: 7 Supplier's article number: 8 Drawing status / date: 9 Change no.: 10		Order call no. / date: 11 Delivery note no. / date: 12 Delivery quantity: 13 Unit: 14 Sample weight: 15													
Supplier: Contact: 16 Department: 17 E-mail: 18 Phone: 19 Date: 20 Signature: 21		Remark: 22													
KESSEL decision: 23															
Overall decision: 24		According to enclosures: 25													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
<input type="checkbox"/>	Approval	<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"/>	Approval with measures / condition	<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"/>	Rejected, corrective measures needed	<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"/>
Contact: 26 Department: 27 E-mail: 28 Phone: 29 Date: 30 Signature: 31		Remark: 32													



Explanation of the forms (Supplement to the general provisions)



Test report



Systems: <input type="checkbox"/> 01 Functional test <input checked="" type="checkbox"/> 02 Dimensional inspection <input type="checkbox"/> 03 Material test <input type="checkbox"/> 04 Process capability analysis <input type="checkbox"/> 05 Process flow chart <input type="checkbox"/> 06 Proof of test device and equipment capability <input type="checkbox"/> 07 List of test devices or equipment <input checked="" type="checkbox"/> 08 EC data safety sheet <input type="checkbox"/> 09 Haptic <input type="checkbox"/> 10 Acoustics <input type="checkbox"/> 11 Appearance <input type="checkbox"/> 12 Certificates <input type="checkbox"/> 13 Contents in bought-in parts <input type="checkbox"/> 14 Other: []				Initial sampling: <input type="checkbox"/> New product / project <input type="checkbox"/> Product change <input type="checkbox"/> Shift of production <input type="checkbox"/> Change in the production process <input type="checkbox"/> New sub-contractor		
Assessment: 33				Re-sampling: <input type="checkbox"/> Complete re-sampling <input type="checkbox"/> Partial re-sampling		
Number of sampling: 4				Product change: 3		
Supplier				KESSEL AG		
no.	Target values: with tolerances	Actual values	Measuring equipment	Actual values	Assessment	
					OK	NOK
34	[35]	[36]	[37]	[38]	39	40



Contents in bought-in parts 41

Details of manufacturer / supplier	Details of the product
Manufacturer / supplier: 42 Street / PO Box: 43 Postcode / City: 44 Country: 45	KESSEL article number: 6 KESSEL article description: 7 Supplier's article number: 8 Drawing status / date: 9 Change no.: 10 Order call no. / date: 11 Delivery note no. / date: 12 Delivery quantity: 13 Unit: 14 Sample weight: 15
Contact: 43 Department: 44 E-mail: 45 Phone: 46	
Date: 47 Signature: 48	

Safety and environment

May not contain materials that are banned by law!

Please tick where applicable. 49

- Is the product a hazardous substance that requires labelling?
 No
 Yes (specify labels acc. to the hazardous substances act (GefStoffV))

- Can hazardous substances be produced or released during the correct handling of the product?
 No
 Yes (see EC safety data sheet)

- Is the product a hazardous substance within the meaning of traffic law (transport law)?
 No
 Yes (see EC safety data sheet)

- Is the product a water-polluting substance pursuant to water law?
 No
 Yes (specify the water hazard class (WHC) and quantity)

- Does the product contain biocides?
 No
 Yes (specify quantities > 0.1 %)

- Can the product produce a waste substance that can be assigned a waste code number after it has been used?
 No
 Yes



1. Recipient's address (KESSEL SE + CO.KG)
2. Address of consignor (supplier)
3. Reason for preparing the test report (tick on page 1 and 2 of the test report)
4. Number of samplings performed
5. Enclosures required by KESSEL SE + CO.KG (will be completed by KESSEL SE + CO.KG)
6. KESSEL article no.
7. KESSEL article description
8. Supplier's article number (if different from KESSEL article number)
9. Drawing status / date
10. Change number (if available)
11. Order call number / date
12. Delivery note number / date
13. Quantity in delivery sent; in case of several cavities, please indicate in (Field 22) "Remarks Supplier"
14. Unit specification for delivery quantity
15. Specify the weight of a single sample in grams
16. Name of contact person (supplier)
17. Department of contact person (supplier)
18. E-mail of contact person (supplier)
19. Telephone number of contact person (supplier)
20. Creation date of test report
21. Signature of contact person (supplier) (confirms that the data in the test report is correct)
22. Remarks section for supplier for additional information (e.g. cavity, tested standards, etc.)
23. Decision section overall test report (will be completed by KESSEL SE + CO.KG)
24. Overall decision for test report
25. Decision according to required enclosures
26. Name of contact person (KESSEL SE + CO.KG)
27. Department of contact person (KESSEL SE + CO.KG)
28. E-mail of contact person (KESSEL SE + CO.KG)
29. Telephone number of contact person (KESSEL SE + CO.KG)
30. Processing date of test report
31. Signature of contact person (KESSEL SE + CO.KG)
32. Remarks section (KESSEL SE + CO.KG)
33. Assessment of sampling
34. Consecutive numbering of the required specifications (for complex components (drawings with sub-drawings) make sure that consecutive numbers are not issued twice) (supplier)
35. Target values and tolerances according to specifications including unit specification (supplier)
36. Actual values for measured specifications (supplier)
37. Measuring equipment used to measure the respective actual values (supplier)
38. Actual values for measured specifications (KESSEL SE + CO.KG)
39. Assessment by "X" for OK parts (KESSEL SE + CO.KG)
40. Assessment by "X" for NOK parts (KESSEL SE + CO.KG)
41. Supplementary sheet on "Contents in bought-in parts" (complete if applicable)
42. Address (manufacturer / supplier)
43. Name of contact person (manufacturer / supplier)
44. Department of contact person (manufacturer / supplier)
45. E-mail of contact person (Manufacturer / supplier)
46. Telephone number of contact person (manufacturer / supplier)
47. Creation date of test report (manufacturer / supplier)
48. Signature of contact person (manufacturer / supplier) (confirms that the data in the test report is correct)
49. "Safety and environment" details (tick where applicable) (manufacturer / supplier)



8D-Report – Enclosure 1.4

	8D - Report	KESSEL
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Recipient: KESSEL AG 1 Bahnhofstraße 31 85101 Lenting Deutschland	Statement to: 2 [] Department: [] 3 E-Mail: 4 [] Telephone: [] 5	Date: [] 6
Supplier: [] [] 7 [] [] []	Created by: 8 [] Department: [] 9 E-Mail: 10 [] Telephone: [] 11	Complaint no.- KESSEL: [] 12
Details of the 8D-Report:		
Article no. KESSEL: [] 13 Article description KESSEL 14 [] Supplier's article number: [] 15	Delivery quantity: 16 [] Claimed quantity: [] 17	
1. Team: 18		
Name: [] [] [] [] []	Department: [] [] [] [] []	E-Mail: [] [] [] [] []
2. Problem description: 19		
[]		



Explanation of the forms (Supplement to the general provisions)



8D - Report



3. Immediate action: 20	Yes	No	Responsible person	Date
3.1 Current production blocked and checked	<input type="checkbox"/>	<input type="checkbox"/>	21	22
3.2 All finished goods blocked and checked	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
3.3 Storage raw material blocked and checked	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
3.4 Increased pre-shipping inspection	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
3.5 Department heads are informed about the defect patterns	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
3.6 Analysis of provided samples and internal processes	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
3.7 Specific marking of parts, box labels and pallet labels to be applied	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
Further immediate action performed: 23 Results of immediate action:				
[]				
4. Failure causes: 24				
[]				



8D - Report

5. Planned corrective measures: 25		Responsible person	Date	
[]		21	22	
6. Implemented corrective measures: 26		Responsible person	Date	
[]		21	22	
7. Preventive measures: 27				
Modification required?	Yes	No	Responsible person	Revision date
7.1 Working instruction	<input type="checkbox"/>	<input type="checkbox"/>	21	22
7.2 Working plan	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
7.3 FMEA for product, process, design	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
7.4 Test instruction	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
7.5 Test plan	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
7.6 Packing instruction	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
7.7 Modification of drawing	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
7.8 Failure prevention (PokaYoke)	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
7.9 Employee training	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]



Explanation of the forms (Supplement to the general provisions)



8D - Report



Further preventive measures: 28					
[]					
8. Efficacy of the measures: 29		Yes	No	Checked by	Date
8.1 Successful check of measures?		<input type="checkbox"/>	<input type="checkbox"/>	21	22
Other remarks: 30					
[]					

31

Closing date

32

Name

33

Signature



1. Recipient's address (KESSEL SE + CO.KG)
2. Name of contact person at KESSEL SE + CO.KG for the statement (to be completed by the supplier)
3. Department of contact person at KESSEL SE + CO.KG (to be completed by the supplier)
4. E-mail of contact person at KESSEL SE + CO.KG (to be completed by the supplier)
5. Telephone number of contact person at KESSEL SE + CO.KG (to be completed by the supplier)
6. Date
7. Supplier's address
8. Name of creator (supplier)
9. Department of creator (supplier)
10. E-mail of creator (supplier)
11. Telephone number of creator (supplier)
12. KESSEL SE + CO.KG complaint number (to be completed by supplier)
13. KESSEL article no.
14. KESSEL article description
15. Supplier's article number (if different from KESSEL article number)
16. Delivery quantity
17. Quantity complained about
18. All employees from the corresponding team (name, department, e-mail)
19. Description of the problem
20. Immediate actions (please tick where applicable)
21. Name of person responsible (supplier)
22. Date
23. Details of further immediate action and results of the immediate action
24. Failure causes
25. Planned remedial measures
26. Established remedial measures
27. Measures against repeated failures (tick where applicable)
28. Details of further measures against repeated failures
29. Efficacy of measures (tick where applicable)
30. Other remarks (supplier)
31. Closing date (supplier)
32. Name of creator (supplier)
33. Signature of creator (supplier)