



# NON-CONFORMANCE REPORT (NCR)

Please fill in the form and mail it to [service@samson.de](mailto:service@samson.de) or fax + 49 69 4009 1309.

Product identification (fields highlighted in gray colour have to be filled in by the customer.)		
NCR issued by (name):	Date:	
Company:	Tag no.:	Serial no.:
Phone and mobile phone no.:	Project name:	
E-mail: <small>SITE CONTACT</small>	<small>IF APPLICABLE</small>	
Address of job site:		
Original SAMSON AG order no. and item:	Your internal NCR no.:	
<small>Indispensable for your NCR REFER TO IDENTIFICATION ON THE NAMEPLATE.</small>		

To be filled in by the local SAMSON subsidiary or office	
Local SAMSON subsidiary/ office:	
NCR no. at local SAMSON subsidiary/ office:	
Processed by:	

Brief description of non-conformance:

Non-conformance was found during:			
<input type="checkbox"/>	Incoming inspection	<input type="checkbox"/>	Loop check
<input type="checkbox"/>	Installation	<input type="checkbox"/>	Other activities:

To be filled in by SAMSON AG in Frankfurt:	
In-house NCR no.: AA No.	Date of receipt:
Processed by:	Received by:
Quality Assurance informed by:	Deadline:
	Case closed on by:

Estimated costs:	
<input type="checkbox"/>	Higher than 2,500.00 €