

NON-CONFORMANCE REPORT (NCR)



Please fill in the form and e-mail it to service@samson.de or fax it to +49 69 4009 1309.

Product identification (to be filled in by the customer)

| | | |
|---|---|-------------|
| NCR issued by (name): | Date: | |
| Company: | Tag no.: | Serial no.: |
| Phone and mobile phone no.: E-mail: <small>Site contact</small> | Project name: <small>If applicable</small> | |
| Site address: | | |
| Original SAMSON AG order no. and item: <small>Indispensable for your NCR Refer to identification on the nameplate.</small> | Your internal NCR no.: | |

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:

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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 Frankfurt:

| | |
|---------------------------------------|--------------------|
| In-house NCR/AA No.: | Date of receipt: |
| Processed by: | Received by: |
| Total Quality Management informed by: | Deadline: |
| | Case closed on/by: |

Cost estimate:

| | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | More than EUR 2,500 € |
|--------------------------|-----------------------|