This document shall be used to plan and report all the inspection activities required by the APQP Process and planned with "*GFMS APQP Plan"* during the **Stage 1 "Planning"**. Please fill all the fields with the information required. See last page for further instructions.

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| ***GFMS Part/Product Data*** | | | | | | | | |
| Part Number |  | Part Name |  | | | Part Revision Level | |  |
| Part Status | Choose an item. | Drawing Number |  | | | Drawing Revision Level | |  |
| Part Risk Level | Choose an item. | Part Serial Number |  | | | GFMS Ref. Plant | |  |
| GFMS Purchase Order n. |  | APQP Scenario | Choose an item. | | | | | |
| Inspection Scenario | Choose an item. | | | | | Sample Quantity | |  |
| Delivery/ies number (only in case of Probation Period) | | Choose an item. | | | | | | |
| ***Supplier Data*** | | | | | | | | |
| Supplier Name |  | Supplier SAP Code n. |  | Address |  | | | |
| Country |  | Quality Manager Name |  | | | E-mail |  | |
| Telephone |  | Manufacturing Process n. |  | | | Revision Index |  | |

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| ***Inspection PLAN***  *To be filled when the Inspection contents/activities have been defined/planned.* | | | | | | | |
| ***Inspection Plan Revision Index:*** Choose an item. | | | | | | | |
| ***Prepared by*** | | | | ***Approved by*** | | | |
| *Role* |  | *Name* |  | *Role* |  | *Name* |  |
| *Date* | Click or tap to enter a date. | *Signature* |  | *Date* | Click or tap to enter a date. | *Signature* |  |

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| ***Inspection REPORT 1)***  *To be filled when the Inspection activities have been executed (by Supplier) and the results checked (by GFMS).* | | | | | | | |
| ***Supplier Section*** | | | | ***GFMS Section*** | | | |
| *Comments/notes:* | | | | *Comments/Notes:* | | | |
| 1) In case of Initial Sample Inspection, the Supplier hereby confirm:   * The delivered sample parts have been completely produced by using the series production tools and following the series production procedures and methods. * The delivered sample parts have successfully passed the appropriate initial sample inspections (see also above) and that all deviations are declared in this report (comments).   A release decision of GFMS does not release the supplier from his responsibility to produce and deliver exactly according to the valid drawing and specification and with respect to the defined operating rules. | | | | ***Part/Product Conformity Evaluation*** | | | |
| *Conforming* | | *Nonconforming* | |
| *Role* |  | *Name* |  | *Role* |  | *Name* |  |
| *Date* | Click or tap to enter a date. | *Signature* |  | *Date* | Click or tap to enter a date. | *Signature* |  |

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| ***Inspection Plan content guide*** | |
| ***List of Controls/Check to be executed and certified as minimum on every Inspection Plan***  ***N.B. for every Inspection Plan the Part/Product Key Characteristics to be inspected shall be identified*** | |
| *Characteristics (when applicable)* | *Characteristics Input/Source* |
| General Dimensions | Drawing |
| Roughness | Drawing |
| Threads cleaning | N/A |
| Surface Deburring | N/A |
| Surface Treatments | Drawing |
| Heat Treatments | Drawing |
| Non-destructive testing (NDT) | Drawing |
| Painting | Drawing / Purchase Order |
| Marking/Identification | Drawing / SQAH / General Purchase Conditions / Purchase Order |
| Packaging/Preservation | SQAH / General Purchase Conditions / Purchase Order |

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| ***Section 1 – Raw Material Accountability***  *This section is used if any Raw Materials are defined as a Design Requirement.* | | | |
| *1. Raw Material p/n* | *2. Specification Number* | *3. Supplier Name* | *4. CoC/DoC Number*  *(document to be enclosed if applicable)* |
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| ***Section 2 – Characteristics Accountability***  *By default every Part/Product has to be 100% inspected to ensure compliance with the applicable Design Data. This section is used to plan and record specific Part/Product Characteristics to be measured/checked (see Field 8 for Char. Designator) in case their traceability/evidence is required.* | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| *5. Drawing/Doc. N.* | *6. Char. N.* | *7. Reference Location* | *8. Char. Designator* | *9. Requirement* | *10. Result* | *11. Designed Tooling* |
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| ***Section 3 – Functional Test Accountability***  *This section is used if any Functional Testings are defined as a Design Requirement.* | | | |
| *12. Functional Test Type* | *12. Functional Test Number* | *13. Result* | *14. Acceptance Report Number*  *(document to be enclosed if applicable )* |
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***Instructions to complete the "APQP Inspections" Form***

1. **Raw Material p/n**: enter the p/n of the applicable Raw Material.
2. **Specification Number**: enter the Raw Material Specification number.
3. **Supplier Name**: enter the name of the Supplier of Raw Material.
4. **CoC/DoC Number**: enter the number of Certificate/Declaration of Conformity supplied with Raw Material.
5. **Drawing/Doc. N.**: number of the Drawing/Document used as input for the inspection.
6. **Char. N.**: unique assigned number for each design characteristic.
7. **Reference Location**: location of the design characteristic (e.g. drawing zone, page number and section, specification).
8. **Char. Designator**: if applicable, record characteristic type (e.g. key, safety related, critical).
9. **Requirement**: specified requirement for the design characteristic (e.g. drawing dimensional characteristics with nominal and tolerances included, drawing notes, specification requirements, etc.).
10. **Result**: record measurement(s) obtained for the design characteristics (including tolerances).
11. **Designed Tooling**: if a specially designed tooling (including NC programming) is used as a media of inspection, record the tool identification number.
12. **Functional Test Type/Number**: functional test procedure called out as design requirement.
13. **Result**: result of the Functional Test (e.g. passed, not passed).
14. **Acceptance Report Number**: the functional test certification indicating that test requirements have been met.