|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lieferant:  Supplier:** | | | | | | | **Kunde:  Customer:** | | | | | | | |
|  | | | | | | |  | | | | | | | |
| Vorgangs-Nr.: (Operation no.): | |  | | | | | Vorgangs-Nr.: (Operation no.): | |  | | | | | |
| Datum: (Date): | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Artikel-Nr./ Index: (Item no./index): | |  | | | | | Kunden-Artikel-Nr./ Index: (Customer item no./index): | | | | |  | | |
| Artikel-Bezeichnung: (Item description): | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Menge: (Quantity): | |  | | | | | | | | | | | | |
| Zeitraum: (Time period): | |  | | | | | | | | | | | | |
| Fehler / Abweichung:  (Fault / non-conformity): | |  | | | | | | | | | | | | |
| Mögliche Auswirkungen: (Possible effects): | |  | | | | | | | | | | | | |
| Korrekturmaßnahme: (Corrective action): | |  | | | | | | | | | | | | |
| behoben bis: (Eliminated until): | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| nur von Hechinger auszufüllen (only to be completed by Hechinger) | | | | | | | | | | | | | | |
| Entscheidung des Kunden / Decision of the customer). | | | | | | | | | | | | | | |
| genehmigt  (approved) | | | für (for) |  | | Stück (No. pieces) | |  | | | gültig bis valid to | |  |
| genehmigt mit Auflage / (approved subject to conditions) | | | | | | | | | | | | | | |
| Auflagen/ erforderliche Maßnahmen: (Conditions/necessary measures): | | | | | | | | | | | | | | |
| abgelehnt  (rejected) | | | | | | | | | | | | | | |
| Bemerkungen:  (Comments): |  | | | | | | | | | | | | | |
| Datum, Name (BU-Leiter), Unterschrift (date, name Head of BU, signature) | | | | | Datum, Name (Leiter SQS), Unterschrift (date, name (Head of SQS), signature) | | | | | Abt., Datum, Name, Unterschrift (Dept., date, name, signature) | | | | |
|  | | | | |  | | | | |  | | | | |

* **Abweichgenehmigung erledigt – Ware geprüft, Vermerk auf WE-Mappe abgezeichnet (nur für WEP):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Datum: |  | Name: |  | Unterschrift / Prüfer |