

# NON-CONFORMANCE REPORT (NCR)



Please fill in the form and e-mail it to [service-de@samsongroup.com](mailto:service-de@samsongroup.com) 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 €
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