



FIRST SAMPLE REPORT (FSR)

SUMMARY

PROJECT / REF. NO.	PROCESS / TOOL NO.	DOCUMENT NO.	rev.	date
		145 15 18	A	12.04.2018

☐ NEW TOOL or EQUIPMENT ☐ TOOL MODIFICATION ☒ MATERIAL or COMPONENT CHANGE ☐ CUSTOMER SAMPLE ☐ PILOT BATCH

PARTNO. & REV	PART(S) DESCRIPTION	TYPE OF TOOL OR PROCESS
1820150-1 rev.F	CABLE TYPE 1 64 PTS 32 PAIRES	<input type="checkbox"/> Die <input type="checkbox"/> Plating <input type="checkbox"/> Packaging <input type="checkbox"/> Mold <input type="checkbox"/> Die Cast <input checked="" type="checkbox"/> Cable Assy <input type="checkbox"/> Assy <input type="checkbox"/> Other

RESULTS preliminary FSR

PERFORMED INSPECTIONS	RESULT	DRAWING / SPEC NO.	REPORT NO.
Dimensional <input type="checkbox"/>	<input type="checkbox"/> OK <input type="checkbox"/> NOK		
Termination technique <input type="checkbox"/>	<input type="checkbox"/> OK <input type="checkbox"/> NOK		
Electrical <input type="checkbox"/>	<input type="checkbox"/> OK <input type="checkbox"/> NOK		
Visual <input type="checkbox"/>	<input type="checkbox"/> OK <input type="checkbox"/> NOK		
(please specify below)			
Comment:			Other info. Attached ? <input type="checkbox"/> Yes

RESULTS final FSR

PERFORMED INSPECTIONS	RESULT	DRAWING / SPEC NO.	REPORT NO.
Dimensional <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> OK <input type="checkbox"/> NOK		
Termination technique <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> OK <input type="checkbox"/> NOK		
Electrical <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> OK <input type="checkbox"/> NOK		
Visual <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> OK <input type="checkbox"/> NOK		
(please specify below)			
Comments			Other info. Attached ? <input type="checkbox"/> Yes

DECISION

<input checked="" type="checkbox"/> APPROVAL	VALID UNTIL _____
<input type="checkbox"/> TEMPORARY APPROVAL	
<input type="checkbox"/> NO APPROVAL	

ACTIONS

SUBJECT	SPECIFICATION	RESULT	ACTION	RESP + DATE DUE

Other info attached ? ☐ Yes

PRODUCT / TOOL / PROCESS APPROVAL AUTHORITIES (Signatures below indicates approval of this report)

TOOL / PROCESS ENGINEER	Name: _____ Signature / date: _____ / 00-00-0000	QUALITY ENGINEER	Name: Katarzyna Głaza Signature / date: _____ / 12.04.2018
PRODUCT ENGINEER	Name: Jakub Wiewióra Signature / date: _____ / 12.04.2018	MANUFACTURING ENG (or equivalent)	Name: Bartosz Samiecki Signature / date: _____ / 12.04.2018
SUPPLIER <input type="checkbox"/> design <input type="checkbox"/> build <input type="checkbox"/> run		CUSTOMER DEV. ENGINEER	Name: _____ Signature / date: _____ / 00-00-0000
			Name: _____ Signature / date: _____ / 00-00-0000

FIRST SAMPLE MEASUREMENT REPORT

PROJECT / REF. NO.	PROCESS / TOOL NO.	DOCUMENT NO.	/ rev.	/ date
0	0	145 15 18	A	12.04.2018

Detailed information from the measuring report(s) & corrective actions

Inspection Item	Dwg Loc	Measurement Sample 1	Measurement Sample 2	Measurement Sample 3	Measurement Sample 4	Measurement Sample 5	Measuring method	Requirement
Dimensional								
Total length L	D 2/3	24760	24795	24800	24930	24820	ruler	24900 mm +/- 3 %
Main label position	B/C 4	48	48	48	50	50	ruler	50 +/- 5 mm
First incision	C 4	144	144	142	142	141	ruler	140 +/- 5 mm
Second incision	C 4	204	204	202	202	201	ruler	200 +/- 5 mm
Third incision	D 3/4	254	254	252	252	251	ruler	250 +/- 5 mm
Width of incisions x3	B 2-4	15/15/15	15/15/15	15/15/15	15/15/15	15/15/15	ruler	15 +/- 2 mm
Termination								
IDC		correct	correct	correct	correct	correct	visual, 217-85505	correct
Pins position in con.1		correct	correct	correct	correct	correct	visual	correct
Incisions	all	correct	correct	correct	correct	correct	visual	correct
Electrical								
Short & cont.		passed	passed	passed	passed	passed	Multimeter	5 V
Hipot test		passed	passed	passed	passed	passed	Cirris 1100H+	500 V 10 ms
(292-1508+292-1508)								
Visual								
C.sheath		OK	OK	OK	OK	OK	visual, 217-85501	OK
Connector orientation		OK	OK	OK	OK	OK	visual	correct
Mail label text & orient.		OK	OK	OK	OK	OK	visual, 118-19342	OK
Tie wraps at housing		OK	OK	OK	OK	OK	visual	OK
Housing		OK	OK	OK	OK	OK	visual	OK

Packaging verification/testing by PAE

Characteristic points	Status	Notes/specifications/report number
Product vs packing method revised	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Customer's packing requirements met	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Tyco Electronics packing requirements met	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Drop test performed	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Packaging	Box PN:	PPQ
Customer sample	by PAE	APQ
Pilot batch	by PAE	Comments
Number of operators	by ME	recommended
		used

Remarks:

- Cable samples were inspected on the basis of the TE Connectivity drawing in F revision.
During the quality inspection and reporting there were used some standards and specifications (217-85505, 114-18069, 118-19342) but only in parts listed in the above report descriptions.
- There were laboratory conditions during the inspection: 24,5 °C and 38 % of humidity.
- There was used raw cable from new supplier: RG Wires & Cables.
- The IDC termination was realized by MT-Matic tool.

Net weight of cable assy: -

PRODUCT / TOOL / PROCESS APPROVAL AUTHORITIES (Signatures below indicates approval of this report)

TOOL / PROCESS ENGINEER	Name: 0 Signature / date: / 00-00-0000	QUALITY ENGINEER	Name: Katarzyna Głaza Signature / date: / 12.04.2018
PRODUCT ENGINEER	Name: Jakub Wiewióra Signature / date: / 12-14-2018	MANUFACTURING ENG (or equivalent)	Name: Bartosz Samecki Signature / date: / 21.09.2017
SUPPLIER	<input type="checkbox"/> design <input type="checkbox"/> build <input type="checkbox"/> run	CUSTOMER DEV ENGINEER	Name: 0 Signature / date: / 00-00-0000
		PACKAGING ENGINEER	Name: 0 Signature / date: / 00-00-0000