

WEDEVÅG Wedevåg Tools AB	Nonconformance report <input type="checkbox"/>	Complaint form <input type="checkbox"/>	

Issued by		Intl.	Date	Supplier	
Our Receiving Record No.	Original Inv. No.	Part No.		Cust. Reference No.	
Received. Qua.	Customer Name:	Customer Phone:	Approved with remark		Not approved

Customer or end user to complete

Used cutting data:	Machining	
	Horizontal / <u>Vertical</u>	<u>Clockwise</u> / Anti-clockwise
Type of machine	Coolant CASTROL	Rotation <u>Tool</u> / Workpiece rotates
Material incl. condition	Type of hole SPOT Through hole/ Bottom hole	Machined depth
Cutting speed SFM	Feed IPR alt. IPM	Machined length
Type of feed	Code No. Label	
Mechanical <u>Pneumatic</u> Hydraulic Hand		

Claim-reason / Nonconformance-reason / General Comments	Quantity	Price/unit	Currency (IF other than USD)	Total Amount
Amount to credit				

We ask you to send a credit-invoice of the above amount. You shall invoice requested replacement when the new delivery is carried out.

Replacement requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Delivery time
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SUPPLIERS REPLY LATEST (For official use only)

Inspection/metallurgical/microscopic	
Complaint refused / approved	Reason
Preventive action taken	

Finalized:

Wedevåg Tools
 720 N. 17th St. Unit 1
 St. Charles IL 60174
 USA

North America
 Phone 800 592-1411
 Fax 800 632-1213

Out Side North America
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