

Internal NP Review

Customer

CM:

Date

YYYY-MM-DD hh:mm:ss



Product information

	Product Description	Model	Ver	Customer P/N	EFCO P/N
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NPRM team Members

	Name	Department
Team Leader	<input type="text"/>	<input type="text"/>
Product in charge	<input type="text"/>	<input type="text"/>
Team Member 1	<input type="text"/>	<input type="text"/>
Team Member 1	<input type="text"/>	<input type="text"/>

Check list

	Yes	No
Product documents	<input type="radio"/>	<input type="radio"/>
Golden Sample	<input type="radio"/>	<input type="radio"/>
Test Fixture	<input type="radio"/>	<input type="radio"/>
Test program	<input type="radio"/>	<input type="radio"/>
New technology	<input type="radio"/>	<input type="radio"/>
Special requirements	<input type="radio"/>	<input type="radio"/>
Mechanical / Dimensions	<input type="radio"/>	<input type="radio"/>
Packing and Labeling	<input type="radio"/>	<input type="radio"/>
Other Notes	<input type="radio"/>	<input type="radio"/>

If other, precise:

Action items

	Actions/ Discussions	Responsible	Due	States /Notes
1				
2				
3				
4				
5				

Comments

Conclusions

Passed and go the next stage

Need to go discuss in this stage after clarification
