


Output review

Customer

CM:

Date

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"/> |

Meeting Count:

- Initial
- 2nd times
- 3rd times

Attendance at meeting [EFCO]

| | Name | Department |
|---|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> |

Attendance at meeting [CM]

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Check list

EverFine-Industrial Co. Ltd.
10F-3, No. 270, Sec 4, Chung
Hsiao E. Rd, Taipei
10694
Taiwan

| | Yes | No |
|------------------------------|-----------------------|-----------------------|
| CM Production quality review | <input type="radio"/> | <input type="radio"/> |
| CM QA inspection report | <input type="radio"/> | <input type="radio"/> |
| EFCO SQA inspection report | <input type="radio"/> | <input type="radio"/> |
| Open issue discussion | <input type="radio"/> | <input type="radio"/> |

If other, precise:

Action items

| | Actions/ Discussions | Responsible | Due | States /Notes |
|---|----------------------|----------------------|----------------------|----------------------|
| 1 | <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"/> |
| 3 | <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"/> |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Comments

Conclusions

- Passed and go the next stage
 Need to go discuss in this stage after clarification