## **FCT** System Assessment



Name or project Reference		Required Date	<b>Project Start Date</b>				
Contact	Email						
Duplicated Project?  Yes No							
	lechanics	☐ As ional Eng	sembly				
Milestones Yes No  CAD files (Odb ++, *.cad, *.neu, *.fab, *.pad, *.asc, *.ipc, etc)  Gerbers files  Schematics  BOMs of each version  Drawings (2D, 3D)  Test Spec  Parallel Testing?  Security Specification  Trazability Sistem Specify:  SOW Ergonomy Specifications:							
Specify how the product will be test  Test strategy  Connection interface	under	finished?	nas the product OSP				

## **FCT** System Assessment



Fixture Vendor required (If apply)								
Select the studies necessaries								
☐ FEA ☐ SGA	□MSA □ G	RR	☐ Targeting	☐ Clearance				
Specifications of Stress Stud	y:							
How many uS?	#C	f Rosettes						
Describe the needs of the Fix	kture:							
Preferent Hardware		Other:						
System Type Station Ty		e	Process T	уре				
Scanner	Specified DM or barce	ode position and scanner	model)					
Test Sequencer	Yes No	No  Does the customer want to make modifications t						
Other Option:		the system or test procedure by himself?						
Yes No  Expected dimensions for the testing system (limited space, height)?		Specify						
Test Execution under specific conditions (High/Low Temperature, Humidity,		Specify						

## **FCT** System Assessment



Yes	No	The system will only be used for a single product or differents products?	Specify					
		Self-Test required for product and testing system?	Specify					
		Certifications Required?	Other:					
	Briefly describe your need and what is most important to you in the project:							
Trave	el (Ind	icate the place of delivery)						
Entity from which the PO will come:								
Additional Comment:								