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1. Supplier Details

Company name:	
Postal code:	
Location:	
Contact:	
Department:	
Phone:	
Email:	

Responsible person for the correctness of the data

 Date: Signature

2. Transport type

- ☐ Land transport
- ☐ Overseas transport
- ☐ Air transport

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3. Part Details

Baxter part no.	
Supplier material number	
Part description	
Weight/piece (kg)	
Dimensions/piece (cm)	

4. Packaging Information

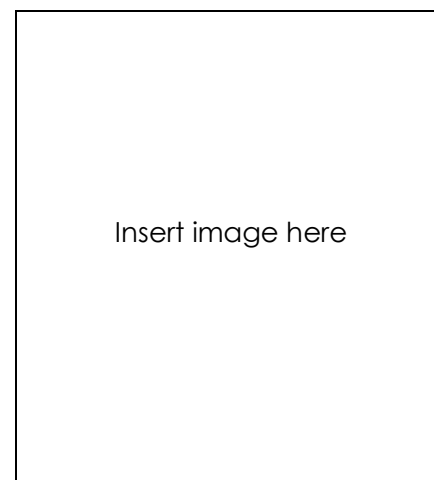
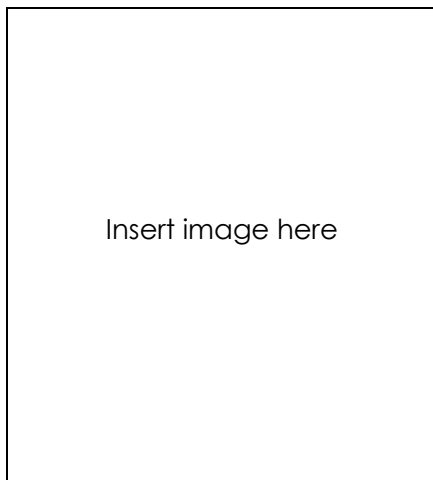
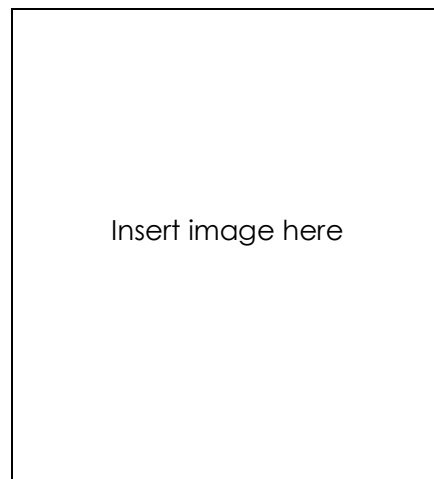
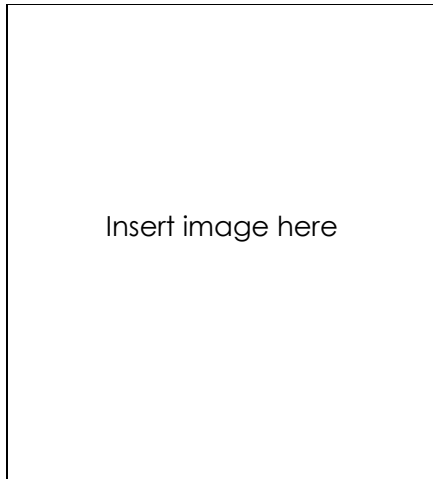
Inner packaging		
Packaging	<input type="checkbox"/> Disposable	<input type="checkbox"/> Reusable
Material		
Number of parts/unit		
External dimensions LxWxH in mm		
Total weight in kg		
Additional packaging		
Stack factor		
Outer packaging		
Packaging	<input type="checkbox"/> Disposable	<input type="checkbox"/> Reusable
Material		
Number of parts/loading unit		
External dimensions LxWxH in mm		
Total weight in kg		
Additional packaging		
Stack factor		

5. Additional Information

- | | |
|--|---|
| <input type="checkbox"/> ESD protection required | <input type="checkbox"/> Hazardous goods |
| <input type="checkbox"/> Corrosion protection required | <input type="checkbox"/> Impact sensitivity |

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6. Pictures Packaging Process



 Date Signature Supplier

 Date Signature Baxter Medical

7. Revision History

Version	G1 Notification	Created By	Change
01	4756128	Janine Schilling	Initial creation