

Company Name:	<input type="checkbox"/> New Design <input type="checkbox"/> Revision to Existing Design
Contact Name:	
Project Name:	

Design Objective:

Design Requirements:

Design Preferences:

Deliverable	Time Frame Requirements

Customer Sign-Off

Name:	Date:
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- Are there any specific performance criteria? e.g. must carry 20 kg of load etc.
- Are there any size and weight restrictions?
- What is the likely nature of human interaction with the product?
- How key are ergonomics to the use of the device?
- Will technology be housed in the product and what details of the components can be supplied?
- Are there any safety considerations that should be addressed?
- What testing criteria, equipment or facilities are intended to be used to evaluate prototypes or first off production parts?
- What environment will the product be used in?
- What is the intended service life of the product- One time use or many years?
- What is the target manufacturing price for the product?
- What product/brand is the key competition to this product?
- What are the relevant features of the competition to be aware of?
- Have any relevant standards or existing patents that may relate to this new product been identified?
- Are any key milestones already determined such as launch date?