

Autosplice Supplier Request for Change (SRC)

General			
Supplier:	<input type="text"/>	Supplier Contact:	<input type="text"/>
Address:	<input type="text"/>	Phone Number:	<input type="text"/>
	<input type="text"/>	Fax Number:	<input type="text"/>
Date of Request:	<input type="text"/>	Email:	<input type="text"/>

Request for change	
Request Type: <input type="checkbox"/> Drawing Change	<input type="checkbox"/> Process Change
Part Number:	Revision: <input type="text"/> Part Status: <input type="checkbox"/> New <input type="checkbox"/> Carry-Over
Part Description:	Tool Asset #(s) / Cavity(s) #
Supplier Attachments <input type="checkbox"/> Drawing <input type="checkbox"/> Data <input type="checkbox"/> Samples	
Reason for Change	
Description of Change:	
Identify Impact of the proposed change:	
Product Impact:	<input type="checkbox"/> Form / Fit / Function / Reliability <input type="checkbox"/> Special Characteristic or Critical Characteristic <input type="checkbox"/> Part Cost:\$ <input type="text"/> <input type="checkbox"/> Packaging <input type="checkbox"/> PPAP <input type="checkbox"/> Inventory <input type="checkbox"/> NONE <input type="checkbox"/> Other <input type="text"/>
Current Specification:	
Proposed Specification:	
Proposed Change Effectivity Date <i>(NOTE: Change approval may take an extended period of time when A/S customer approval is required. Changes shall not be implemented prior to the receipt of written approval from A/S).</i> :	
Qualification Plan with Target Date:	

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Section 2 - To be completed by AUTOSPlice					
*If Approved indicate data required from Supplier					
	Signature	Date	Approved	Rejected	Comments
Supplier Quality:			<input type="checkbox"/>	<input type="checkbox"/>	
Engineering:			<input type="checkbox"/>	<input type="checkbox"/>	
Production			<input type="checkbox"/>	<input type="checkbox"/>	
Purchasing:			<input type="checkbox"/>	<input type="checkbox"/>	

If Approved indicate Data Required from Supplier	
<input type="checkbox"/> None	Level: _____ Submit Due Date : _____
<input type="checkbox"/> PPAP Required	_____
<input type="checkbox"/> Drawing / Design Records	_____
<input type="checkbox"/> Process Flow Diagram	_____
<input type="checkbox"/> Process FMEA	_____
<input type="checkbox"/> Dimensional Results	_____
<input type="checkbox"/> Material Test Results	_____
<input type="checkbox"/> Material Certifications	_____
<input type="checkbox"/> Performance Test Results	_____
<input type="checkbox"/> Capability Studies	_____
<input type="checkbox"/> Measurement System Analysis	_____
<input type="checkbox"/> Qualified Laboratory	_____
<input type="checkbox"/> Control Plan	_____
<input type="checkbox"/> Safe Launch Plan	Date _____
<input type="checkbox"/> Sample Product	_____
<input type="checkbox"/> Run At Rate	_____
<input type="checkbox"/> Additional Requirements	_____
*Note: All Data required must have a copy of the completed SRC Form.	

INSTRUCTIONS

SECTION 1– TO BE FILLED OUT BY THE SUPPLIER:

This form is only to request change. For Temporary deviations use Form 93-0087 – Temporary Deviation Request.

General

1. **Supplier Information:** Supplier name, location where component is manufactured, and contact information for Originator (phone number, fax number and email address). Supplier Reference Number is an optional field for internal tracking by the supplier.

Section 1 Request for Change

2. **Part Number:** Only one SRC should be submitted per part number/family. Include: part number, revision level and part description (from A/S drawing).
 - Identify the Part Status as a New or Carry-Over Part. A New part is one that is in APQP development (no Initial PPAP submission). A Carry-Over part is in current / volume A/S production.
 - List the A/S Asset Number(s), for A/S or OEM-owned tooling, and the Cavity Numbers affected by the change (for multiple cavity tools/dies).
3. **Supplier Attachments:**
 - Marked-up drawings or sketches.
 - Data – Measurements and/or capability studies. Qualification plan submitted for approval? Qualification data submitted with statistical analysis? Correlation data submitted – Test coverage? – Data submitted with statistical analysis comparing Cpk's.
 - Samples submitted for testing? – Contact Autosplice Quality for requirements.
4. **Reason for change** - Explain the Reason for Change. Why should this change be made
5. **Description of Change** - Provide a General Description of the requested change
6. **Identify Impact of the proposed change** – check all applicable boxes on form, if applicable:
 - Does this change affect the part cost (reduction)? If yes, document the estimated cost benefit to A/S. The Supplier is responsible to contact the A/S Purchasing Manager.
 - Is there a packaging change?
 - Will a new / revised PPAP be required? A/S is the final authority for determining PPAP requirements for all changes.
 - Will an inventory of banked parts be required? All inventory bank quantities must be coordinated through, and approved by A/S. The supplier shall not calculate bank quantities based solely on A/S releases.
 - Effectivity Date: What is the proposed timing of change? When will the change be complete?
 - **NOTE:** Change approval may take an extended period of time when A/S customer approval is required. **Changes shall not be implemented prior to the receipt of written approval from A/S.**
7. **Product Impact** – check each box that the change may affect, if applicable:
 - Form / Fit / Function / Reliability (functional reliability level of the product; e.g., life cycle, etc.)
 - A/S designated characteristics (Special Characteristic or Critical Characteristic).
 - NONE
8. **Current Specification** - Describe the current requirements and or process.
9. **Proposed Specification** – Describe what the new requirements and or process will be.
10. **Proposed Change Effectivity Date** – Indicate the date that you would like to see the change take place.
(NOTE: Change approval may take an extended period of time when A/S customer approval is required. Changes shall not be implemented prior to the receipt of written approval from A/S.).
11. **Qualification Plan with Target Date:** For Process Changes, enter the supplier's proposed Qualification Plan and PPAP target date. The proposed Qualification Plan may be submitted as an attachment to the SRC.

*If you have any question regarding the use of this form, please contact A/S Supplier Quality.

SECTION 2 – To be completed by Autosplice

The responsible A/S Supplier Quality and Engineering, Production A/S and Purchasing Manager will review this SCR to provide disposition. All rejections must provide comments.