

SUPPLIER TO COMPLETE

Supplier Name: _____	Vendor Code: _____
Supplier Address: _____	Supplier Contact Name: _____
_____	Supplier Contact Title: _____
_____	Supplier Phone / Fax: _____

Stackpole Part Number: _____	Stackpole Drawing Number: _____
Stackpole Program / Customer Affected: _____	
Proposed / Marked Drawing Attached: <input type="checkbox"/>	<SSC> or <SCC> Affected: <input type="checkbox"/>
Stackpole Int'l Facility Affected: _____	

Description of Proposed Change:

- | | | |
|--|---|--|
| <input type="checkbox"/> Supplier Manufacturing Location Change | <input type="checkbox"/> Sub-Supplier Location Change | <input type="checkbox"/> Alternate Material |
| <input type="checkbox"/> Supplier Shipping Location Change | <input type="checkbox"/> Temporary Change (Part or Process) | <input type="checkbox"/> Rework |
| <input type="checkbox"/> Supplier Proposed Engineering/Design Change | Begin Date: _____ | <input type="checkbox"/> New or Additional Tooling |
| <input type="checkbox"/> Supplier Manufacturing Process Change | End Date: _____ | <input type="checkbox"/> Replacement cavity |
| <input type="checkbox"/> Sub-Supplier Change | # of Pieces: _____ | <input type="checkbox"/> Other: _____ |

Reason for Proposed Change:

- | | | | |
|-------------------------------|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Fit | <input type="checkbox"/> Function | <input type="checkbox"/> Appearance | <input type="checkbox"/> Best Practices/Improvements |
| <input type="checkbox"/> Cost | <input type="checkbox"/> Other: _____ | | |

Detailed Description of Change:

- | | |
|--|--|
| <input type="checkbox"/> Tool Change Required | <input type="checkbox"/> Bank / Inventory Required |
| <input type="checkbox"/> Piece Cost Affected (Cost effect \$): _____ | <input type="checkbox"/> IMDS Affected |

Timing Required to Incorporate Change After approval: _____

Attachments:

- | | | |
|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Timing Plan | <input type="checkbox"/> Validation Plan | <input type="checkbox"/> Other: _____ |
|--------------------------------------|--|---------------------------------------|

STACKPOLE INTERNATIONAL TO COMPLETE
Supplier Quality Response To The Change Proposal:

- | | | | |
|----------------------------------|---------------------------------|--|---|
| <input type="checkbox"/> Approve | <input type="checkbox"/> Reject | <input type="checkbox"/> Need More Information | <input type="checkbox"/> Meeting Required With Supplier |
|----------------------------------|---------------------------------|--|---|
- Feedback to Supplier (required if Reject or Need More Information): _____

If approve, PPAP level required of supplier: _____

Engineering Response To The Change Proposal:

- | | | | |
|----------------------------------|---------------------------------|--|---|
| <input type="checkbox"/> Approve | <input type="checkbox"/> Reject | <input type="checkbox"/> Need More Information | <input type="checkbox"/> Meeting Required With Supplier |
|----------------------------------|---------------------------------|--|---|
- Feedback to Supplier (required if Reject or Need More Information): _____

If approve, ECN# (if applicable): _____

- | | |
|--|---|
| <input type="checkbox"/> Component drawing to be updated | <input type="checkbox"/> Customer drawing to be updated |
|--|---|

Plant Quality Response To The Change Proposal:

- | | | | |
|----------------------------------|---------------------------------|--|---|
| <input type="checkbox"/> Approve | <input type="checkbox"/> Reject | <input type="checkbox"/> Need More Information | <input type="checkbox"/> Meeting Required With Supplier |
|----------------------------------|---------------------------------|--|---|
- Feedback to Supplier (required if Reject or Need More Information): _____

- | | | |
|--|---|---|
| <input type="checkbox"/> PPAP required by customer | <input type="checkbox"/> Customer SREA required | <input type="checkbox"/> Customer SPCR required |
|--|---|---|

Purchasing Response To The Change Proposal:

- | | | | |
|----------------------------------|---------------------------------|--|---|
| <input type="checkbox"/> Approve | <input type="checkbox"/> Reject | <input type="checkbox"/> Need More Information | <input type="checkbox"/> Meeting Required With Supplier |
|----------------------------------|---------------------------------|--|---|
- Feedback to Supplier (required if Reject or Need More Information): _____

A FULLY signed form indicates approval of the plan ONLY.

SQE: _____	Plant Quality: _____
Engineering: _____	Purchasing: _____

*This approval is granted upon the understanding that it is advisory in nature and in no manner changes the Sellers original responsibility for ensuring that all characteristics, designated in the applicable engineering specification and/or inherent in the samples as originally tested and approved, are maintained. Seller accepts full responsibility for the changes or types of changes listed above; and should such changes result in less satisfactory performance than experienced with the originally approved item, Seller will fully reimburse Stackpole for all expenses incurred to correct the deficiency.
 Also note that by submitting this form, Supplier conveys ownership of the submitted suggestion to Stackpole International.