

CHANGE REQUEST

Supplier Name: _____
 Initiator: _____
 Phone No. _____
 Customer / Division: _____
 Model Year _____
 Program _____

Requested by:	Product Life Phase:
Feas/Risk:	REASON FOR REQUEST:

PART NUMBER AFFECTED: _____

PART DESCRIPTION: _____

ISSUE DESCRIPTION:

DESCRIPTION OF FINAL RESOLUTION / CHANGE:

Related Information Attached (*) (Must use as part of the ECR Process Team Review)

Marked Drawing
 Marked BOM
 Math Data
 Other
 Cost Card(*)
 Sketch
 Team Feasibility

AREAS AFFECTED (Check for affected areas. Items checked will require responsibility and dates indicated on Planning Sheet)

<input type="checkbox"/> Quotes	<input type="checkbox"/> Tooling PO	<input type="checkbox"/> Special Characteristics/Safety	<input type="checkbox"/> Production Volume
<input type="checkbox"/> Design / Specifications	<input type="checkbox"/> Tooling / Gages	<input type="checkbox"/> PPAP	<input type="checkbox"/> Inventory
<input type="checkbox"/> Validation Testing	<input type="checkbox"/> Fixture/ Equipment/ Gage	<input type="checkbox"/> Part Weight / Mass	<input type="checkbox"/> Obsolescence
<input type="checkbox"/> Service Requirements	<input type="checkbox"/> Equipment Identification	<input type="checkbox"/> Inspection Documentation	<input type="checkbox"/> Employee Training
<input type="checkbox"/> Warranty	<input type="checkbox"/> Tooling Records	<input type="checkbox"/> Procedures & Forms	<input type="checkbox"/> Packaging / Labeling
<input type="checkbox"/> Piece Cost	<input type="checkbox"/> Floor Space / Storage	<input type="checkbox"/> Operator Documentation	<input type="checkbox"/> Employee Safety / PPE
<input type="checkbox"/> Capital		<input type="checkbox"/> Bill Of Material	<input type="checkbox"/> Environmental Impact

INVENTORY PLANNING

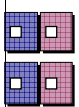


<input type="checkbox"/> Customer(s) Bank required before change	<input type="checkbox"/> Running Change (use until depleted)	<input type="checkbox"/> Rework All Inventory (Immediate)
<input type="checkbox"/> No Affect	<input type="checkbox"/> Coordinated Change - Customer	<input type="checkbox"/> Rework All Inv.(After ECN Implement)
<input type="checkbox"/> Internal Bank required before change	<input type="checkbox"/> Coordinated Change - Internal	<input type="checkbox"/> Scrap current level

KEY TARGET DUE DATES IF CHANGE IS APPROVED TO PROCEED (check if applicable and show target dates as known)

<input type="checkbox"/> Submit Quote _____	<input type="checkbox"/> PPAP from Supplier _____
<input type="checkbox"/> Prod. Trial Run _____	<input type="checkbox"/> MRD of Production Parts _____
<input type="checkbox"/> Run at Rate _____	

QUOTE SUMMARY: (*) Source of quotes:	PRODUCTION:		PROTOTYPE:	
	Cost	Timing	Cost	Timing
Engineering / Design				
Tooling				
Secondary Tooling				
Gages				
Capital				
Validation				
Obsolescence				
Additional Processing				
Other				
TOTAL TOOLING				
TOTAL PIECE COST				

**INTIER USE ONLY
 APPROVALS FOR ECR INITIATION (REQUIRED)**

ACKNOWLEDGEMENT FOR ECR INITIATION: (OPTIONALS)				STATUS	
<input type="checkbox"/> Tooling Rep _____	<input type="checkbox"/> Process Eng Rep _____			APPROVED	<input type="checkbox"/>
<input type="checkbox"/> Mfg Eng Rep _____	<input type="checkbox"/> Facilities Rep _____			CCS CHANGE REQUEST #	
<input type="checkbox"/> Production Rep _____	<input type="checkbox"/> Sales Rep. _____			REJECTED	<input type="checkbox"/>
<input type="checkbox"/> Materials Rep _____	<input type="checkbox"/> Product Eng. Rep. _____			Change REJECTED by:	
<input type="checkbox"/> Quality Rep _____	<input type="checkbox"/> Purchasing Rep _____			Rejected Date:	
APPROVALS FOR ECR INITIATION (REQUIRED)  GM _____  Engineering Mgr. _____ AGM _____  PROGRAM MGT REP. _____ MINIMUM OF TWO SIGNATURES REQUIRED					