



Part Name <u>Isolator</u>		Cust. Part Number <u>257737</u>	
Shown on Drawing No. <u>257737</u>		Orig Part Number <u>257737</u>	
Engineering Change Level <u>B1</u>		Dated <u>9-Dec-08</u>	
Additional Engineering Changes <u>N/A</u>		Dated <u>N/A</u>	
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Purchase Order No. _____ Weight (kg) <u>0.076</u>	
Checking Aid No. _____		Checking Aid Engineering Change Level _____ Dated _____	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping</u> <u>607396215</u>		<u>Tenneco Automotive</u>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>5725 Outer Drive</u>		<u>Linda Willing</u>	
Street Address		Buyer / Buyer Code	
<u>Windsor, Ontario</u> <u>N9A 6J3</u> <u>Canada</u>		<u>GMT 172/177</u>	
City	Region	Postal Code	Country
<u>Windsor</u>	<u>Ontario</u>	<u>N9A 6J3</u>	<u>Canada</u>
Application		Application	
Application		Application	
MATERIALS REPORTING			
Has customer-required Substance of Concern information been reported? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Submitted by IMDS or other Customer format:		<u>IMDS ID# 98110457</u>	
Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a			
REASON FOR SUBMISSION (Check at least one)			
<input type="checkbox"/>	Initial Submission	<input type="checkbox"/>	Change to Optional Construction or Material
<input checked="" type="checkbox"/>	Engineering Change(s)	<input type="checkbox"/>	Supplier or Material Source Change
<input type="checkbox"/>	Tooling: Transfer, Replacement, Refurbishment, or Additional	<input type="checkbox"/>	Change in Part Processing
<input type="checkbox"/>	Correction of Discrepancy	<input type="checkbox"/>	Parts Produced at Additional Location
<input type="checkbox"/>	Tooling Inactive > than 1 year	<input type="checkbox"/>	Other-please specify below
REQUESTED SUBMISSION LEVEL(Check one)			
<input type="checkbox"/>	Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer		
<input type="checkbox"/>	Level 2 - Warrant with product samples and limited supporting data submitted to customer.		
<input type="checkbox"/>	Level 3 - Warrant with product samples and complete supporting data submitted to customer		
<input checked="" type="checkbox"/>	Level 4 - Warrant and other requirements as defined by customer.		
<input type="checkbox"/>	Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.		
SUBMISSION RESULTS			
The results for <input type="checkbox"/> dimensional measurements <input type="checkbox"/> material & functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package			
These results meet all drawing record requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" Explanation Required)			
Mold / Cavity / Production Process		<u>Mold - 48 cavities</u>	
DECLARATION			
I affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of 2635 / 8 hours. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below.			
EXPLANATION/COMMENTS:		<u>Note that manufacturer's ID is section there will be the following ID number</u>	
		<u>11.53.018.41.081</u>	
Is each Customer Tool Properly tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Organization Authorized Signature: <u>Ana Chau</u>		Date <u>Dec 16/08</u>	
Print Name <u>Ana Chau</u>	Phone No <u>519-737-7155</u>	FAX No <u>519-737-7102</u>	
Title <u>PPAP Co-c</u>	E-mail <u>achau@windsormachine.com</u>		
FOR CUSTOMER USE ONLY (IF APPLICABLE)			
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____			
Customer Signature <u>[Signature]</u>		Date: <u>Dec 18/08</u>	
Print Name <u>GABRIELA URECHE</u>	Customer Tracking Number (Optional) _____		