

PROCESS CHANGE REQUEST (PCR) : PLAN AND AUTHORIZATION

SUPPLIER TRACKING NO: _____
(TO BE COMPLETED BY SUPPLIER)

PLANNING STAGE	COMPLETED BY SUPPLIER	TO: _____ CONTACTED DESIGN? <input type="checkbox"/> YES (CONTACT NAME: _____) <input type="checkbox"/> NO <input type="checkbox"/> NOT NECESSARY	<input type="checkbox"/> MASS PRODUCTION PART <input type="checkbox"/> SERVICE PART *	SUBMISSION DATE: _____ APPROVAL STAGE: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>																			
		FROM: SUPPLIER: _____ MFG LOC: _____ RESP PERSON: _____	PART NO: _____ MODEL: _____ PART NAME: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>CHANGE ITEM</th> <th>TYPE OF CHANGE</th> <th>COST IMPACT</th> </tr> <tr> <td><input type="checkbox"/> TOOLING LAYOUT</td> <td><input type="checkbox"/> MACHINE</td> <td><input type="checkbox"/> UP</td> </tr> <tr> <td><input type="checkbox"/> TOOLING</td> <td><input type="checkbox"/> METHOD</td> <td><input type="checkbox"/> DOWN</td> </tr> <tr> <td><input type="checkbox"/> MFG LOCATION</td> <td><input type="checkbox"/> LOCALIZATION</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td><input type="checkbox"/> MFG PROCESS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr> <td><input type="checkbox"/> MANPOWER</td> <td></td> <td></td> </tr> </table>	CHANGE ITEM	TYPE OF CHANGE	COST IMPACT	<input type="checkbox"/> TOOLING LAYOUT	<input type="checkbox"/> MACHINE	<input type="checkbox"/> UP	<input type="checkbox"/> TOOLING	<input type="checkbox"/> METHOD	<input type="checkbox"/> DOWN	<input type="checkbox"/> MFG LOCATION	<input type="checkbox"/> LOCALIZATION	<input type="checkbox"/> NO	<input type="checkbox"/> MFG PROCESS	<input type="checkbox"/> OTHER		<input type="checkbox"/> MANPOWER			
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DESIRED IMPLEMENTATION DATE: _____ REASON: _____ (COMMENTS:) <input type="checkbox"/> QUALITY IMPROV. <input type="checkbox"/> COST SAVINGS <input type="checkbox"/> CAPACITY INCREASE	SUPPORTING DOCUMENTS ATTACHED: <input type="checkbox"/> QAS <input type="checkbox"/> MQC / CONTROL PLAN (IF AFFECTED) <input type="checkbox"/> SUB-SUPPLIER / PLANT CHANGE REQUEST <input type="checkbox"/> PART EVALUATION PLAN <input type="checkbox"/> INSPECTION STANDARD (IF AFFECTED)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">SUPPLIER STAFF</th> </tr> <tr> <th>APPROVED</th> <th>APPROVED</th> <th>CHECKED</th> <th>ORIGINATOR</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="4">DATE: _____</td> </tr> </table>	SUPPLIER STAFF				APPROVED	APPROVED	CHECKED	ORIGINATOR									DATE: _____				
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PREVIOUS PROCESS		NEW PROCESS		PARTS CHARACTERISTICS TO BE AFFECTED																			

COMPLETED BY TMI	ANSWER / INSTRUCTION TO PLAN				DATE: _____																																											
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* SUPPLIER MUST PERFORM SAMPLE PRODUCTION AND EVALUATION FOR EACH STAGE EVEN IF SAMPLE SUBMISSION IS NOT REQUESTED.

APPROVAL STAGE	SUPPLIER SAMPLE SUBMISSION TIMING				SUPPLIER STAFF				TMI QC EVALUATION RESULTS / APPROVAL																				
	A	FIRST OFF - TOOL (INITIAL SAMPLE EVALUATION)	SHIP DATE: _____	SAMPLE ID METHOD: _____	NAMC EVAL. DATE: _____	APPROV.	APPROV.	CHECKED	ORIGIN.	<input type="checkbox"/> APPROVED FOR MID-SIZE TRIAL	<input type="checkbox"/> NOT APPROVED	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">TMI QC DEPARTMENT</th> </tr> <tr> <th>MGR</th> <th>COORD</th> <th>AST MGR</th> <th>SPEC</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			TMI QC DEPARTMENT				MGR	COORD	AST MGR	SPEC							
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ROUTING: SUPPLIER ← → TMI - QC
REPEAT SUBMISSION FOR EACH APPROVAL STAGE