

PROCESS CHANGE REQUEST (PCR) : PLAN AND AUTHORIZATION

EXAMPLE

SUPPLIER TRACKING NO:
(TO BE COMPLETED BY SUPPLIER)

111X - 011501 - 001P

PLANNING STAGE COMPLETED BY SUPPLIER	TO: TMI HARRODSBURG ATTN: MIKE BURFORD		CONTACTED DESIGN? <input type="checkbox"/> YES (CONTACT NAME: _____) <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT NECESSARY		<input checked="" type="checkbox"/> MASS PRODUCTION PART <input type="checkbox"/> SERVICE PART *		SUBMISSION DATE: 01/15/01 APPROVAL STAGE: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C																																													
	FROM: SUPPLIER: JOHN DOE INDUSTRIES MFG LOC: SPRINGFIELD, KY RESP PERSON: JOHN DOE, JR.		PART NO: 99999 - 00000 MODEL: 111X PART NAME: BRACKET		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">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"/> SUB-SUPPLIER</td> <td><input checked="" type="checkbox"/> MACHINE</td> <td><input type="checkbox"/> UP</td> </tr> <tr> <td><input type="checkbox"/> TOOLING</td> <td><input type="checkbox"/> VALVE</td> <td><input type="checkbox"/> METHOD</td> <td><input type="checkbox"/> DOWN</td> </tr> <tr> <td><input checked="" type="checkbox"/> MFG LOCATION</td> <td><input type="checkbox"/> ECI # _____</td> <td><input type="checkbox"/> LOCALIZATION</td> <td><input checked="" type="checkbox"/> NO</td> </tr> <tr> <td><input type="checkbox"/> MFG PROCESS</td> <td><input type="checkbox"/> OTHER</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr> <td><input type="checkbox"/> MANPOWER</td> <td></td> <td></td> <td></td> </tr> </table>		CHANGE ITEM		TYPE OF CHANGE	COST IMPACT	<input type="checkbox"/> TOOLING LAYOUT	<input type="checkbox"/> SUB-SUPPLIER	<input checked="" type="checkbox"/> MACHINE	<input type="checkbox"/> UP	<input type="checkbox"/> TOOLING	<input type="checkbox"/> VALVE	<input type="checkbox"/> METHOD	<input type="checkbox"/> DOWN	<input checked="" type="checkbox"/> MFG LOCATION	<input type="checkbox"/> ECI # _____	<input type="checkbox"/> LOCALIZATION	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> MFG PROCESS	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER		<input type="checkbox"/> MANPOWER				DESIRED IMPLEMENTATION DATE: 4/30/01 REASON: (COMMENTS:) <input type="checkbox"/> QUALITY IMPROV. <input type="checkbox"/> COST SAVINGS <input checked="" type="checkbox"/> CAPACITY INCREASE		SUPPORTING DOCUMENTS ATTACHED: <input checked="" type="checkbox"/> QAS <input checked="" type="checkbox"/> MOC / CONTROL PLAN (IF AFFECTED) <input type="checkbox"/> SUB-SUPPLIER / PLANT CHANGE REQUEST <input checked="" 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>GM</td> <td>QM</td> <td>AQM</td> <td>QT</td> </tr> <tr> <td>DATE 1/15/01</td> <td>1/15/01</td> <td>1/15/01</td> <td>1/15/01</td> </tr> </table>		SUPPLIER STAFF				APPROVED	APPROVED	CHECKED	ORIGINATOR	GM	QM	AQM	QT	DATE 1/15/01	1/15/01	1/15/01	1/15/01
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APPROVAL STAGE	* SUPPLIER MUST PERFORM SAMPLE PRODUCTION AND EVALUATION FOR EACH STAGE EVEN IF SAMPLE SUBMISSION IS NOT REQUESTED.																																																			
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	A	FIRST OFF - TOOL (INITIAL SAMPLE EVALUATION)	SHIP DATE: 1/30/01 SAMPLE ID METHOD: TMI SPECIAL TAG TMI EVAL DATE: 2/1/01	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">SUPPLIER STAFF</th> </tr> <tr> <th>APPROV.</th> <th>APPROV.</th> <th>CHECKED</th> <th>ORIGIN.</th> </tr> <tr> <td>GM</td> <td>QM</td> <td>AQM</td> <td>QT</td> </tr> <tr> <td>1/25/01</td> <td>1/25/01</td> <td>1/25/01</td> <td>1/25/01</td> </tr> </table>	SUPPLIER STAFF				APPROV.	APPROV.	CHECKED	ORIGIN.	GM	QM	AQM	QT	1/25/01	1/25/01	1/25/01	1/25/01	<input checked="" 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>2/1/01</td> <td>2/1/01</td> <td>2/1/01</td> <td>2/1/01</td> </tr> </table>	TMI QC DEPARTMENT				MGR	COORD	AST MGR	SPEC	2/1/01	2/1/01	2/1/01	2/1/01																		
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ROUTING: SUPPLIER ←→ TMI - QC
REPEAT SUBMISSION FOR EACH APPROVAL STAGE