



Autosplice Supplier Request for Change (SRC)

93-0423 Rev A

General	
Supplier: _____	Supplier Contact: _____
Address: _____	Phone Number: _____
_____	Fax Number: _____
Date of Request: _____	Email: _____

Request for change	
Request Type: <input type="checkbox"/> Drawing Change <input type="checkbox"/> Process Change	
Part Number: _____	Revision: _____ Part Status: <input type="checkbox"/> New <input type="checkbox"/> Carry-Over
Part Description: _____	Tool Asset #(s) / Cavity(s) # _____
Supplier Attachments <input type="checkbox"/> Drawing <input type="checkbox"/> Data <input type="checkbox"/> Samples	
Reason for Change	
Description of Change:	
Identify Impact of the proposed change: <i>Product Impact:</i> <input type="checkbox"/> Form / Fit / Function / Reliability <input type="checkbox"/> Special Characteristic or Critical Characteristic <input type="checkbox"/> Part Cost:\$ _____ <input type="checkbox"/> Packaging <input type="checkbox"/> PPAP <input type="checkbox"/> Inventory <input type="checkbox"/> NONE <input type="checkbox"/> Other _____	
Current Specification:	
Proposed Specification:	
Proposed Change Effectivity Date (NOTE: Change approval may take an extended period of time when A/S customer approval is required. Changes shall not be implemented prior to the receipt of written approval from A/S). :	
Qualification Plan with Target Date:	

****THIS FORM IS NOT AUTOSPLICE AUTHORIZATION FOR SUPPLIER TO PROCEED WITH REQUEST****



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INSTRUCTIONS

SECTION 1- TO BE FILLED OUT BY THE SUPPLIER:

This form is only to request change. For Temporary deviations use Form 93-0087 – Temporary Deviation Request.

General

1. **Supplier Information:** Supplier name, location where component is manufactured, and contact information for Originator (phone number, fax number and email address). Supplier Reference Number is an optional field for internal tracking by the supplier.

Section 1 Request for Change

2. **Part Number:** Only one SRC should be submitted per part number/family. Include: part number, revision level and part description (from A/S drawing).
 - Identify the Part Status as a New or Carry-Over Part. A New part is one that is in APQP development (no Initial PPAP submission). A Carry-Over part is in current / volume A/S production.
 - List the A/S Asset Number(s), for A/S or OEM-owned tooling, and the Cavity Numbers affected by the change (for multiple cavity tools/dies).
3. **Supplier Attachments:**
 - Marked-up drawings or sketches.
 - Data – Measurements and/or capability studies. Qualification plan submitted for approval? Qualification data submitted with statistical analysis? Correlation data submitted – Test coverage? – Data submitted with statistical analysis comparing Cpk's.
 - Samples submitted for testing? – Contact Autosplice Quality for requirements.
4. **Reason for change** - Explain the Reason for Change. Why should this change be made
5. **Description of Change** - Provide a General Description of the requested change
6. **Identify Impact of the proposed change** – check all applicable boxes on form, if applicable:
 - Does this change affect the part cost (reduction)? If yes, document the estimated cost benefit to A/S. The Supplier is responsible to contact the A/S Purchasing Manager.
 - Is there a packaging change?
 - Will a new / revised PPAP be required? A/S is the final authority for determining PPAP requirements for all changes.
 - Will an inventory of banked parts be required? All inventory bank quantities must be coordinated through, and approved by A/S. The supplier shall not calculate bank quantities based solely on A/S releases.
 - Effectivity Date: What is the proposed timing of change? When will the change be complete?
 - **NOTE:** Change approval may take an extended period of time when A/S customer approval is required. **Changes shall not be implemented prior to the receipt of written approval from A/S.**
7. **Product Impact** – check each box that the change may affect, if applicable:
 - Form / Fit / Function / Reliability (functional reliability level of the product; e.g., life cycle, etc.)
 - A/S designated characteristics (Special Characteristic or Critical Characteristic).
 - NONE
8. **Current Specification** - Describe the current requirements and or process.
9. **Proposed Specification** – Describe what the new requirements and or process will be.
10. **Proposed Change Effectivity Date** – Indicate the date that you would like to see the change take place.
(NOTE: Change approval may take an extended period of time when A/S customer approval is required. Changes shall not be implemented prior to the receipt of written approval from A/S.)
11. **Qualification Plan with Target Date:** For Process Changes, enter the supplier's proposed Qualification Plan and PPAP target date. The proposed Qualification Plan may be submitted as an attachment to the SRC.

*If you have any question regarding the use of this form, please contact A/S Supplier Quality.

SECTION 2 – To be completed by Autosplice

The responsible A/S Supplier Quality and Engineering, Production and Purchasing Manager will review this SCR to provide disposition. All rejections must provide comments.

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