|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | | **莱顿SRC编号.**  (由莱顿分派编号) | |  | |
| **① 供应商和零件/产品信息 (所有类型的变更)** | | | | | | | | | |
| 供应商名称&地址/E-mail： | | | | | | | | | |
|  | | | | | | | | | |
| 供应商代码： | | | | | | | | | |
|  | | | | | | | | | |
| 莱顿的零件号码： | | | | | | | | | |
|  | | | | | | | | | |
| 是否有降价： | | | 是 | | 否 | |  |  |  |

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| **② 更改类型—新增设备以增加产能** | | | |
| 是 | 否 | 新增设备以增加产能。（注：该SRC申请的新增设备与之前PPAP批准的生产设备完全相同。） |

|  |  |  |  |
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| **③ 更改类型—零部件或生产工艺** | | | |
| 是 | 否 | 新增设备（该SRC申请的新增设备型号与之前PPAP批准的生产设备型号不同。） | |
| 是 | 否 | 制造流程变更 | |
| 是 | 否 | 生产场所变更. 如果是，则详细填写第④项 | |
| 是 | 否 | 供应商提出的设计变更 | |
| 是 | 否 | 原材料变更 | |
| 是 | 否 | 其它 | （描述： ） |
| 是 | 否 | 是否影响热处理 | |

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| --- | --- | --- |
| **④ 生产场所变更** | | |
| 是 | 否 | 莱顿的一级供应商的场所变更 |
| 是 | 否 | 莱顿的一级供应商的分供应商的场所变更 |
| 新生产场所的名称和地址： | | |
|  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **⑤ 变更意图及描述（需提供全面详细的信息包括时间计划）.**  ***注****:如需提交附件，应确保所有的附件与SRC表格在同一个E-mail中一起提交。* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **⑥ 变更实施计划，适用于所有的变更** | | | | | | | | | | | |
|  | | 供应商：完成以下变更实施计划 | | | | | | | | | |
|  | | 涉及此项  变更吗?  (是或否) | |  | 责任人 |  | 计划  完成日期 | |  | | 备注 |
| 供应商详细的平面布置图/总成图纸 | |  | |  |  |  |  | |  | |  |
| 零件累计公差 | |  | |  |  |  |  | |  | |  |
| 供应商安装图纸 | |  | |  |  |  |  | |  | |  |
| 供应商工程规范 | |  | |  |  |  |  | |  | |  |
| 材料规范 | |  | |  |  |  |  | |  | |  |
| 供应商零部件 DFMEA | |  | |  |  |  |  | |  | |  |
| 供应商系统DFMEA | |  | |  |  |  |  | |  | |  |
| 供应商零部件DV Test(s) | |  | |  |  |  |  | |  | |  |
| 过程流程图 | |  | |  |  |  |  | |  | |  |
| 供应商零部件PFMEA\*\* | |  | |  |  |  |  | |  | |  |
| 供应商系统PFMEA | |  | |  |  |  |  | |  | |  |
| 工艺卡 | |  | |  |  |  |  | |  | |  |
| 操作指导书 | |  | |  |  |  |  | |  | |  |
| 量具校核 | |  | |  |  |  |  | |  | |  |
| 控制计划 | |  | |  |  |  |  | |  | |  |
| 量具的重复性和再现性研究 | |  | |  |  |  |  | |  | |  |
| PV 测试计划\*\* | |  | |  |  |  |  | |  | |  |
| 供应商生产试运行 | |  | |  |  |  |  | |  | |  |
| 2级供应商影响 | |  | |  |  |  |  | |  | |  |
| 物流/运输 | |  | |  |  |  |  | |  | |  |
| 模具复核/转移 | |  | |  |  |  |  | |  | |  |
| 设备变更 | |  | |  |  |  |  | |  | |  |
| 是否要求备货/库存\*\* | |  | |  |  |  |  | |  | |  |
| PPAP的提交 | |  | |  |  |  |  | |  | |  |
| 莱顿工厂PPAP功能测试 | |  | |  |  |  |  | |  | |  |
|  | | | | | | | | | | | |
| *在计划的实施过程中，必须对以上所列出的所有项目进行评审，而且所有标有\*\*的项目必须在SRC提交之前完成及更新，以确保在以下规定的时间内实施完整的变更。* | | | | | | | | | | | |
| ***我申明以上信息以及附加的所有信息完全充分地说明了此次所提议的变更。任何未得到莱顿批准的变更都不能执行。***  **注：此表格只用于提交变更申请而非批准申请** | | | | | | | | | | | |
| 姓名: | | | 职务 | | | | | E-Mail: | | | |
|  | | |  | | | | |  | | | |
| 电话: | | | 计划完成变更的日期: | | | | | 供应商对次级供应商更改申请的批准 | | | |
|  | | |  | | | | |  | | | |
| 发送至莱顿联系人： |  | | | | | | | 日期: | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *这份申请被批准的含义是，他的实质是指导性的文件，并不能以任何方式去改变供应商初始的责任，确保所有的特性、指定的工程特性，和/或者，最初测试批准的样品的固有特性，都得到维护。供应商要对以上所列出来的变更和变更类型承担所有责任。如果与原来批准的项目相比，变更结果没有达到满意的效果，供应商应该承担莱顿的一切损失。* | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第 ⑦ 到 ⑩ 项由莱顿填写  注：如果第**②**项的更改类型选的是“是”，那么只需要莱顿的模具经理填写第⑩项即可。其它情况下，需要由采购员及采购经理来填写第⑦项至第⑩项。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **⑦ 采购员评审** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 采购员姓名 (印刷体): | | | | | | | | | 签名: | | | | | | | | | | | 日期: | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |  | | | | | |
| 受影响的项目/客户: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受影响的场所: | |  | | 730 LAP | |  | **214** LAP | | |  | LAG | | |  | LAC | |  | | LASA |  | LAI | |  | | **LAEE** |
| 成本: | 增加 | | | | 下降 | | | | 不变 | | | | | | |  | | | |  | | | |  | |
| 量产件 / 产品: | | | | | | | | 维修件: | | | | | | | | | | 售后件: | | | | | | | |
| 是 | | | 否 | | | | | 是 | | | | 否 | | | | | | 是 | | | | 否 | | | |
| 项目的周期长度: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建议: | | | | | 推荐 | | | | | | | | 不推荐 | | | | | | |  | | | |  | |
| 理由: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **⑧ 采购经理评审** | | | | |
| 采购经理姓名 (印刷体): | | | 签名: | 日期: |
|  | | |  |  |
| 结论: | 拒绝 | | 参照SRC委员会意见 | 批准 / 发行 ECO |
| 备注 | | | | |
|  | | | | |
| 会议日期： | |  | | |

|  |  |  |  |  |  |  |  |
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| **⑨ SRC委员会评审/批准** | | | | | | | |
| 部门 | 是否需要参与评审？ | | 姓名 | 评审日期 | 预批准？ | | 备注 |
| 是 | 否 |  |
| 工程部 | 是 | 否 |  |  |  |  |  |
| 质量部 | 是 | 否 |  |  |  |  |  |
| 供应商管理 | 是 | 否 |  |  |  |  |  |
| 制造部 | 是 | 否 |  |  |  |  |  |
| 采购部 | 是 | 否 |  |  |  |  |  |
| 其他部门（特定的） | 是 | 否 |  |  |  |  |  |
| 是否需要客户批准 | 是 | 否 |  |  |  |  |  |
| 判定结果 | 拒绝 | | | 再议 | | | 批准 (由PE在Agile上创建ECO) |
| 备注: | | | | | | | |
|  | | | | | | | |

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| **⑩ 采购员/模具经理实施** | | |
| 采购员/模具经理姓名 (印刷体): | 日期: | ECO 编号: |
|  |  |  |
| *传信息给供应商：SRC批准状态 / PPAP 要求 / 功能试验要求 / 数量 / 供应商日期* | | |
| 供应商要求的其它备注或措施： | | |
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| --- |
| 屏幕剪辑 **跟进措施 /复审（如果有）** |
|  |