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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **LITENS SRC NO.**(Assigned by Litens) |  |
| **① SUPPLIER AND PART/PRODUCT INFORMATION (for all types of changes)** |
| SUPPLIER NAME & ADDRESS/E-MAIL: |
|       |
| VENDOR CODE (S): |
|       |
| LITENS PART NUMBER(S): |
|       |
| COST SAVINGS  | [ ]  Yes | [ ]  No |  |  |  |

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| **② CHANGE TYPE – ADDITIONAL EQUIPMENT TO INCREASE CAPACITY** |
| ***[ ]  Yes*** | ***[ ]  No*** | Addition of Equipment to increase capacity. ( Note: This new equipment is identical to equipment that has previously been PPAP approved by Litens for production of the component(s) affected by this change. ) |

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|  **③ CHANGE TYPE – PRODUCTION PARTS/PROCESS** |
| [ ]  Yes | [ ]  No | New equipment ( equipment that is not the same type as previously PPAP approved by Litens for the production of the component(s) affected by this change ) |
| [ ]  Yes | [ ]  No | Manufacturing Process Change |
| [ ]  Yes | [ ]  No | Location Change. If Yes, then complete **④** |
| [ ]  Yes | [ ]  No | Supplier Initiated Design Change |
| [ ]  Yes | [ ]  No | Material Change |
| [ ]  Yes | [ ]  No | Other  | (Description ) |
| [ ]  Yes | [ ]  No | Heat Treat Affected |

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| **④ SITE / LOCATION CHANGE** |
| [ ]  Yes | [ ]  No | Site Change of Litens’ Tier 1 supplier  |
| [ ]  Yes | [ ]  No | Site Change of Tier 1’s sub-supplier |
| NEW SITE/LOCATION NAME & ADDRESS: |
|       |

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|  **⑤ PURPOSE AND DESCRIPTION OF CHANGE (Provide full details including timing).** ***NOTE****: If attachments are required, please ensure that they are included in the same e-mail that is used to submit this SRC form to Litens.* |
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|  **⑥ CHANGE IMPLEMENTATION PLAN, APPLICABLE TO ALL CHANGES** |
|  | **SUPPLIER: COMPLETE THE FOLLOWING CHANGE IMPLEMENTATION PLAN** |
|  | Required for this change? (Yes or No) |  | Responsible |  | Planned Completion Date |  | Comments |
| Supplier Layout/Detail/Assy. Drawings |       |  |       |  |       |  |       |
| Component tolerance stack-up |       |  |       |  |       |  |       |
| Supplier installation drawings |       |  |       |  |       |  |       |
| Supplier engineering specification |       |  |       |  |       |  |       |
| Material specification |       |  |       |  |       |  |       |
| Supplier Component DFMEA |       |  |       |  |       |  |       |
| Supplier System DFMEA |       |  |       |  |       |  |       |
| Supplier Component DV Test(s) |       |  |       |  |       |  |       |
| Process Flow Chart |       |  |       |  |       |  |       |
| Supplier Component PFMEA\*\* |       |  |       |  |       |  |       |
| Supplier System PFMEA |       |  |       |  |       |  |       |
| Process Sheets |       |  |       |  |       |  |       |
| Operator Instruction Sheets |       |  |       |  |       |  |       |
| Gauge Revisions |       |  |       |  |       |  |       |
| Control Plan |       |  |       |  |       |  |       |
| Gauge R&R Study |       |  |       |  |       |  |       |
| PV Test Plan\*\* |       |  |       |  |       |  |       |
| Supplier Production Trial Run |       |  |       |  |       |  |       |
| Tier 2+ Supplier Effect |       |  |       |  |       |  |       |
| Logistics / Shipping |       |  |       |  |       |  |       |
| Tooling revisions/movement |       |  |       |  |       |  |       |
| Facility changes |       |  |       |  |       |  |       |
| Bank/Inventory required?\*\* |       |  |       |  |       |  |       |
| PPAP submission |       |  |       |  |       |  |       |
| Post PPAP Functional Trial at Litens Plant |       |  |       |  |       |  |       |
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| *All items listed above must be reviewed when developing the change implementation plan, however, the items marked \*\* are to be completed, reviewed and updated prior to the SRC submission to ensure robust change implementation in support of the date proposed below.* |
| ***I affirm that the above and any attached information fully and accurately describe the proposed change. No changes will be implemented without Litens approval.*** **Note: This form is to request / suggest change and is NOT approval for change**. |
| Name: | Title: | E-Mail: |
|       |       |       |
| Telephone: | Proposed implementation date of change: | Tier 1 supplier approval of their sub-tier change request |
|       |       |       |
| SENT TO LITENS CONTACT: | Name: |  | DATE: |       |

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| *Approval of this request will be granted with the understanding that it is advisory in nature and in no manner changes the Supplier’s original responsibility for ensuring that all characteristics, designated in the applicable engineering specification and/or inherent in the samples as originally tested and approved, are maintained. Supplier accepts full responsibility for the changes or type of changes listed above. Should such changes result in less than satisfactory performance than that experienced with the originally approved item, Supplier will fully reimburse Litens for all expenses incurred to correct the deficiency.* |
| Sections ⑦ to ⑩ to be completed by LitensNote: If the change type indicated by ② is “Yes”, then only section ⑩ is required to be completed by Litens’ Tooling Manager. Otherwise, sections ⑦ to ⑩ to be completed by Litens’ Buyer & Purchasing Director/Manager. |
|  **⑦ BUYER’S REVIEW** |
| BUYER’S NAME (Print): | SIGNATURE: | DATE: |
|       |       |       |
| PROGRAM(S) / CUSTOMER(S) AFFECTED: |
|       |
|  |
| SITE(S) AFFECTED: | [ ]  | 730 LAP | [ ]  | **214** LAP | [ ]  | LAG | [ ]  | LAC | [ ]  | LASA | [ ]  | LAI | [ ]  | **LAEE** |
| COST: | [ ]  Up | [ ]  Down | [ ]  No Change |  |  |  |
| PRODUCTION PART / PRODUCT: | SERVICE PART: | AFTERMARKET PART: |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| LENGTH OF THE PROGRAM: |
|       |
| RECOMMENDATION: | [ ]  Recommended | [ ]  Not Recommended |  |  |
| REASONS: |
|       |
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|  **⑧ PURCHASING DIRECTOR/MANAGER’S REVIEW** |
| DIRECTOR/MANAGER’S NAME (Print): | SIGNATURE: | DATE: |
|       |       |       |
| ACTION: | [ ]  Rejected | [ ]  Refer to the Committee | [ ]  Approved  |
| COMMENTS: |
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|       |
| MEETING DATE: |       |

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| **⑨ SRC COMMITTEE REVIEW/APPROVAL** |
| Dept. | Input Required ? | Name  | Review Date | Approval Initial | Comments |
| Yes | No |
| PE | [ ]  Yes | [ ]  No |  |  |  |  |  |
| QA | [ ]  Yes | [ ]  No |  |  |  |  |  |
| SMG | [ ]  Yes | [ ]  No |  |  |  |  |  |
| MFE | [ ]  Yes | [ ]  No |  |  |  |  |  |
| PU | [ ]  Yes | [ ]  No |  |  |  |  |  |
| Other (specify) | [ ]  Yes | [ ]  No |  |  |  |  |  |
| Customer approval required ? | [ ]  Yes | [ ]  No | Comments: |
| DECISION | [ ]  REJECTED |  | [ ]  RETURNED FOR CONSIDERATION |  | [ ]  APPROVE (PE to initiate ECO in Agile) |
| COMMENTS: |
|       |

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| **⑩ BUYER’S/TOOLING MANAGER’S ACTION** |
| BUYER’S/TOOLING MANAGER’S NAME: | DATE: | ECO NO: |
|       |       |       |
| *CONVEY REQUEST APPROVAL STATUS / PPAP REQUIREMENTS / FUNCTIONAL TRIAL REQUIREMENTS / QUANTITY / DATES TO SUPPLIER* |
| OTHER COMMENTS or ACTIONS REQUIRED BY SUPPLIER: |
|       |

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| **⑪**  **FOLLOW UP ACTIONS / SECONDARY REVIEW (IF REQUIRED)** |
|       |