

INSTRUCTIONS

SECTION 1 - TO BE FILLED OUT BY THE SUPPLIER:

This form is only to request permanent change.

General

Supplier Information: Supplier name, location where component is manufactured and contact information for originator (phone number, fax number and e-mail address). Supplier Tracking Number is an optional field for internal tracking by the Supplier.

Section 1 - Change Request

1. **Request Type:** Check the appropriate box to denote the change being requested.
2. **Part Number:** Only one SRC should be submitted per part number/family. Include: part number, revision level and part description (from Stanadyne drawing).
3. **Part Description:** Name of the part as it appears on the Stanadyne drawing.
 - List the Stanadyne Asset Number(s), for Stanadyne or OEM-owned tooling, and the cavity numbers affected by the change (for multiple cavity tools/dies) if applicable.
4. **Description of Current Process or Specification:** Describe what the customer (Stanadyne) currently expects.
5. **Reason for Change and Description of Proposed Process or Specification:** Provide a detailed description of the requested change. Provide attachments if necessary.
 - **Identify impact of the proposed change:**
 - > Does this change affect the part cost (reduction)? If yes, document the estimated cost benefit to Stanadyne. The Supplier is responsible to contact the Stanadyne Commodity Team.
 - > Is there a packaging change?
 - > Will a new / revised PPAP be required? Stanadyne is the final authority for determining PPAP requirements for all changes.
 - > Will an inventory of banked parts be required? Stanadyne inventory bank quantities must be coordinated through, and approved by Stanadyne. The supplier shall not calculate bank quantities based solely on Stanadyne 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 Stanadyne customer approval is required. **Changes shall not be implemented prior to the receipt of written approval from Stanadyne.**
6. **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 SCR.
7. **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 Stanadyne customer approval is required. Changes shall not be implemented prior to the receipt of written approval from Stanadyne.)

If you have any questions regarding the use of this form, please contact Stanadyne Supplier Quality.

SECTION 2 - TO BE COMPLETED BY STANADYNE

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

Supplier Change Request (SCR)

General

Supplier: _____ Requestor: _____
Address: _____ Phone Number: _____
_____ Fax Number: _____
Date of Request: _____ Supplier Tracking No.: _____ E-Mail: _____

Section 1 - Change Request

1. Request Type: Drawing Change Manufacturing Change - location, process, tooling, etc. (please specify)
 Supplier Change Other

2. Part Number: _____ Revision: _____
Tool Asset #(s) _____
Part Description: _____ Cavity(s) # _____

3. Description of Current Process or Specification:

4. Reason for Change and Description of Process or Specification:

5. Qualification Plan with Target Date:

6. Proposed Change Effectivity Date (*NOTE: Change approval may take an extended period of time when Stanadyne customer approval is required. Changes shall not be implemented prior to the receipt of written approval from Stanadyne.*)
Date: _____

Section 2 - To Be Completed By Stanadyne (* If approved, indicate data required from Supplier.)

SCR/ECN # _____

Supplier Quality: _____ Signature _____ Date _____ Approved Rejected

Comments: _____

If Approved Indicate Data Required From Supplier

PPAP Required Level: _____ Submit Due Date _____
 None
 Other Comments: _____

* **Note:** All data required must have a copy of the completed SCR Form.