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|      | **PRECISION AEROSPACE CORP.**5300 Corporate Grove SE, Suite 350Grand Rapids, MI 49512(616)243-8112 |
| **PAC PCR#** | nnnnn |
|  **SUPPLIER PROCESS CHANGE REQUEST (PCR)**  |
| **1. DATE** | **2. SUPPLIER NAME** | **3. ADDRESS** | **CITY** | **STATE** | **ZIPCODE** |
| MM/DD/YY |  |  |  |  |  |
| **4. SUPPLIER CONTACT NAME, TITLE** | **5. SUPPLIER CONTACT EMAIL**  | **6. TELEPHONE** |
|  |  |  |
| **7. LIST AFFECTED PART NUMBER(S) AND PO/LINE(S):** |
| **PART NUMBER** | **REV** | **DESCRIPTION** | **PO/LINE** |
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| **Suppliers are REQUIRED to obtain PAC approval for any change(s) noted below BEFORE they are implemented.**  |
| **See Change Definitions and examples in the Instructions For Supplier section at the end of this form.****8. SELECT ALL APPLICABLE ITEMS:** |
| [ ]  | Supplier Manufacturing Location Change | [ ]  | Machine Move/Change | [ ]  | Change to Different Manufacturing Technology |
| [ ]  | Outsource Approval Request | [ ]  | Outsource Change Request | [ ]  | Casting/Mold Tooling Change |
| [ ]  | CNC Programming Change | [ ]  | Sequence of Operations | [ ]  | Introduction of Different Cutting Tool(s) |
| [ ]  | Manufacturing or Inspection Software Change | [ ]  | Inspection Method Change | [ ]  | Key Characteristic Change |
| [ ]  | Change to Fixed/Frozen Process Plan | [ ]   | Deburring Process | [ ]  | Cleaning Process |
| [ ]  | Other – Explain:  |  |
| **9. REASON FOR CHANGE(S):**Be specific, list all applicable reasons for change(s). |  |
| **10. DETAILED DESCRIPTION OF CHANGE(S):**As applicable, include supporting information such as drawing mark-ups, affected drawing balloon numbers, pictures, etc. |  |

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| **11. IMPACT TO PAC** |
|  | **Current State** | **Future Estimate** |
| **Cost:** |  |  |
| **Lead Time:** |  |  |
| **Affected Feature****Requirement:** **Tolerance Range:**  |  |  |  |
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| **Process Capability:**  |  |  |
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| **12. IMPLEMENTATION PLAN:**Describe how the change(s) will be implemented**.** |  |
| **13. CHANGE VALIDATION PLAN:**Supplier shall check/validate the impact to the process for the following items:- Full dimensional conformance- Specification compliance- Gage/Measurement capability- Ensure there are no unexpected or adverse effects on the product or service provided.**Validation results shall be included with the first shipment of product affected by the subject change(s).** |  |
| **14. PHASE-IN TIMING PLAN:**IF approved by PAC, when can the change(s) be implemented**?** |  |

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| **Supplier to email form when completed to this point to:****supplierquality@precision-aerospace.com** |

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| **15. THIS SECTION FOR PAC USE ONLY** |
| **Is PAC’s Customer’s Approval Required?**(If Yes, SQE shall contact the customer for approval using the customer’s required method.)  | **Yes** | [ ]  | **No** | [ ]  | **Date:** | MM/DD/YY |
| **PCR Disposition Status:** | **Accepted** | [ ]  | **Rejected** | [ ]  | **Date:** | MM/DD/YY |
| **Engineering Approval:** |  | **Date:** | MM/DD/YY |
| **Supplier Quality Approval:** |  | **Date:** | MM/DD/YY |
| **Notes/Comments:** |
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| **16. PAC SQE TO COMPLETE THIS SECTION AND RETURN TO SUPPLIER** |
| **If approved, supplier shall provide the following updated FAI/PPAP elements with the first delivery of product affected by the change(s) approved above.** |
| [ ]  | Part Submission Warrant (PSW) | [ ]  | Dimensional Results | [ ]  | Material/Performance Test Results |
| [ ]  | Process Flow/Router | [ ]  | Control Plan | [ ]  | Measurement System Analysis (MSA) |
| [ ]  | PFMEA (Process Failure Mode Effects Analysis) | [ ]  | Process Capability Study | [ ]  | Change Validation results from section #13 |
| **Notes/Comments:** |
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**Instructions for Supplier**

**Completing and submitting QA-F018 Supplier Process Change Request (PCR) Form:**

1. Complete sections 1 – 14.
2. Next, email form to supplierquality@precision-aerospace.com
3. Then wait for response from PAC before implementing change(s).
4. AFTER PAC’s SQE returns the approved form, provide the following information with the first shipment of affected product:
	1. A copy of the approved PCR form,
	2. A Certificate of Conformance that includes the approved PCR number, and
	3. All applicable FAI/PPAP elements indicated in section 16 above.
5. Failure to comply with above requirements will be cause for rejection of entire lot.

**Change Definitions:**

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| **Supplier Manufacturing Location Change** | The supplier plans to move to a new manufacturing address or add a new manufacturing location. |
| **Machine Move/Change** | The supplier plans to re-locate existing manufacturing equipment inside the current manufacturing location, and/or change to a different model/type of machine.  |
| **Change to Different Manufacturing Technology** | The supplier requests approval to change from currently used manufacturing method to a different method, for example, changing from laser cutting to water jet cutting. |
| **Outsource Approval Request** | The supplier requests approval to outsource some or all of the work for a PAC P.O. |
| **Outsource Change Request** | The supplier requests approval to change current outsource sub-tier supplier to a different sub-tier supplier. |
| **Casting/Mold Tooling Change** | The supplier requests approval to repair or replace current casting/molding tooling, and/or to create new tooling to support additional capacity.  |
| **CNC Programming Change** | The supplier requests approval to change numerical control program code that could affect part conformance. |
| **Sequence of Operations** | The supplier requests approval to change the process step sequence from the sequence used for the previous manufacturing lot.  |
| **Introduction of Different Cutting Tool(s)** | For example, the supplier wants to use a form tool to create several features at once compared to the previous process that used several tools. |
| **Manufacturing or Inspection Software Change** | The supplier requests approval to change from current NC/CMM programming software to a different version or brand of software. |
| **Inspection Method Change** | For example, the supplier requests approval to change from using micrometers and calipers to using a vision system or CMM. |
| **Key Characteristic Change** | The supplier requests approval to change previously identified Key feature(s) to different or additional feature(s). |
| **Change to Fixed/Frozen Process Plan** | The supplier requests approval to make any change to a part process identified as Fixed or Frozen. |
| **Deburring Process** | For example, the supplier requests approval to change from hand deburring to a vibratory process. |
| **Cleaning Process** | For example, the supplier requests approval to change from cleaning parts manually to using an ultra-sonic cleaning system.  |

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| **PAC SQE Review of Supplier Objective Evidence from section 16** |
| **Notes/Comments:** |
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| **PAC Supplier Quality Review:** |  | **Date:** | MM/DD/YY |