|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **PRECISION AEROSPACE CORP.**  5300 Corporate Grove SE, Suite 350  Grand 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** | | | |
|  | | |  |  | | |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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. | | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **11. IMPACT TO PAC** | | | | |
|  | | | **Current State** | **Future Estimate** |
| **Cost:** | | |  |  |
| **Lead Time:** | | |  |  |
| **Affected Feature**  **Requirement:**  **Tolerance Range:** |  | |  |  |
|  | |  |  |
| **Process Capability:** | | |  |  |
|  | | | | |
| **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**?** | |  | | |

|  |
| --- |
| **Supplier to email form when completed to this point to:**  [**supplierquality@precision-aerospace.com**](mailto:supplierquality@precision-aerospace.com) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:** | | | | | |
|  | | | | | |

**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](mailto: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:**

|  |  |
| --- | --- |
| **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. |

|  |
| --- |
| **PAC SQE Review of Supplier Objective Evidence from section 16** |
| **Notes/Comments:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PAC Supplier Quality Review:** |  | **Date:** | MM/DD/YY |