

SUPPLIER REQUEST FOR ENGINEERING APPROVAL (SREA) FORM

COMPLETED BY SUPPLIER	SUPPLIER: 1		REQUEST DATE: 5		SUPPLIER STAFF Reviewed and Approved (initial and date)				
	ADDRESS: 2		CLOSE DATE: 6						MFG. ENG
	SUPPLIER REP, TITLE & PHONE #: 3		WABASH P.O. #: 7		Date	10			
	WABASH PART NUMBER: 4		WABASH CONTACT: 8						
			WABASH PART NAME: 9						

REASON FOR CHANGE <input type="checkbox"/> Design <input type="checkbox"/> Specification 11 <input type="checkbox"/> Quality Improvement <input type="checkbox"/> Cost Savings <input type="checkbox"/> Capacity Increase	SUPPORTING DOCUMENTS ATTACHED <input type="checkbox"/> Material Certifications <input type="checkbox"/> Control Plan 12 <input type="checkbox"/> FMEA <input type="checkbox"/> Process Flow <input type="checkbox"/> Capability Data	CHANGE ITEM <input type="checkbox"/> Tooling Layout <input type="checkbox"/> Tooling 13 <input checked="" type="checkbox"/> Mfg. Location <input type="checkbox"/> Mfg. Process <input type="checkbox"/> Manpower <input type="checkbox"/> Sub-Supplier <input type="checkbox"/> VA/VA <input type="checkbox"/> Product <input type="checkbox"/> Other (explain)	TYPE OF CHANGE <input type="checkbox"/> Machine <input type="checkbox"/> Method 14 <input type="checkbox"/> Location <input type="checkbox"/> Other (explain)	COST IMPACT <input type="checkbox"/> UP <input type="checkbox"/> DOWN <input type="checkbox"/> NONE 15
---	--	--	--	--

Additional equipment brought on-line

16 PREVIOUS PROCESS	17 NEW PROCESS	18 PARTS AND/OR CHARACTERISTICS TO BE AFFECTED
-------------------------------	--------------------------	--

ANSWER / INSTRUCTION TO PLAN (TO BE COMPLETED BY Wabash Technologies)

ITEM 19	YES	NO	OTHER
PROCESS AUDIT REQUIRED AT SUPPLIER?	<input type="checkbox"/>	<input type="checkbox"/>	
SPECIAL IDENTIFICATION REQUIREMENTS?	<input type="checkbox"/>	<input type="checkbox"/>	
GAGING VALIDATED?	<input type="checkbox"/>	<input type="checkbox"/>	
SAMPLE SUBMISSION REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>	
PERFORMANCE RELIABILITY TESTING REQ.?	<input type="checkbox"/>	<input type="checkbox"/>	
WILL THIS REQUEST GENERATE AN WABASH CR/CN?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CR/CN#:
DOES REQUEST NEED CUSTOMER APPROVAL?	<input type="checkbox"/>	<input type="checkbox"/>	
PPAP REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>	LEVEL 1 2 3 4 5

WABASH REVIEW TEAM (INITIAL AND DATE):					
PRODUCT ENG.	MFG.	QUALITY	SQA	METALLURGY	BUYER
20					

PROCESS CHANGE PLAN IS:
 Approved
 Pending (see additional comments) 21
 Rejected, please resubmit plan with the following information:

RATIONAL FOR REJECTION:
 22

ADDITIONAL COMMENTS:
 23

* SUPPLIER MUST PERFORM SAMPLE PRODUCTION AND EVALUATION FOR EACH STAGE EVEN IF SAMPLE SUBMISSION IS NOT REQUESTED.

Instructions:

- 1 Complete supplier name
- 2 Complete supplier address
- 3 Complete for supplier representative, title, and phone number. (This should be the supplier contact for any questions)
- 4 Part number (One part number per form)
- 5 Requested date (Date which supplier is requesting approval)
- 6 Close Date: (Date which approval is granted or rejected)
- 7 Enter production P.O. number
- 8 Name of contact supplier is working with at Wabash Technologies
- 9 Name of part being effected by the change
- 10 Supplier approval block. Have each department sign and date accepting change.
- 11 Identify reason for change
- 12 Identify supporting documentation that is attached with SREA
- 13 Check box(es) that are effected.
- 14 Mark type of change
- 15 Identify any effects on cost
- 16 Provide description of current process/design
- 17 Provide description of proposed change
- 18 Identify any part and/or characteristic that will be affected
- 19 Completed by Wabash Technologies
- 20 Completed by Wabash Technologies
- 21 Completed by Wabash Technologies
- 22 Completed by Wabash Technologies
- 23 Completed by Wabash Technologies
- 25 The completion of this form does not waive the requirements for PPAP submission.