

# SREA Form - Description of proposed change

Submission Date \_\_\_\_\_

<b>Change Type Production Parts/Product</b>	Production parts/product <input checked="" type="radio"/> Yes <input type="radio"/> No	
	Manufacturing process or site/location change <input checked="" type="radio"/> Yes <input type="radio"/> No (If YES is checked, please answer a & b below)	
	a) Heat Treat Affected? <input type="radio"/> Yes <input checked="" type="radio"/> No	b) Material Changed? <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Non WERS Access Supplier Change Request for Supplier Initiated Design Change or Request to Ship part/product with a temporary specification</b>		
a) Supplier-initiated design change (Request for WERS Concern Release) <input type="radio"/> Yes <input checked="" type="radio"/> No		
b) Request to ship part/product with a temporary specification to Ford (Request for WERS Alert or equivalent) <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Change Type Service-Unique Parts/Product</b>	Service-Unique parts/product (FCSD): <input type="radio"/> Yes <input checked="" type="radio"/> No	
	Manufacturing process or site/location change: <input type="radio"/> Yes <input checked="" type="radio"/> No (If YES is checked, please answer a & b below)	
	a) Heat Treat Affected? <input type="radio"/> Yes <input checked="" type="radio"/> No	b) Material Changed? <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Non WERS Access Supplier Change Request for Supplier Initiated Design Change or Request to Ship part/product with a temporary specification</b>		
a) Supplier-initiated design change (Request for WERS Concern Release) <input type="radio"/> Yes <input checked="" type="radio"/> No		
b) Request to ship part/product with a temporary specification to Ford (Request for WERS Alert) <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Supplier and Part/product Information (all types of changes)</b>	SUPPLIER NAME AND ADDRESS /E-MAIL _____ MANUFACTURING SITE CODE _____	
	SUB-SUPPLIER or FORD-DIRECTED SUB SUPPLIER SREA? <input type="radio"/> Yes <input checked="" type="radio"/> No Q1 STATUS OF SUPPLIER AS SHOWN IN SIM _____	
	FORD AND/OR SUPPLIER PART NAME AND PART NUMBER OF ASSEMBLY AND ITS COMPONENTS _____	SAFETY / REGULATORY PART (INVERTED DELTA) AFFECTED? <input type="radio"/> Yes <input checked="" type="radio"/> No
	AFFECTED VEHICLE LINES or POWERTRAIN PROGRAMS (Program code eg. V229, P221) _____	AFFECTED FORD PLANTS _____
<b>Site / Location Changes</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No SITE CHANGE OF TIER 1 OR OF FORD-DIRECTED SUB SUPPLIER	NEW SITE/LOCATION NAME AND ADDRESS _____
	<input type="radio"/> Yes <input checked="" type="radio"/> No SITE CHANGE OF NON FORD-DIRECTED SUB-SUPPLIERS**	<i>Note: the following may not apply to the type of site/location change marked**</i>
	<input type="radio"/> Yes <input checked="" type="radio"/> No SITE CHANGE OF SHIP POINT (for either above)	MANUFACTURING SITE CODE OF NEW SITE/LOCATION _____ Q1 STATUS OF NEW SITE/LOCATION _____
<b>Purpose &amp; Descrip- tion of Change</b>		

## Supplier: Complete the following Change Implementation Plan

	Required for this change? Yes or No	Responsible	Planned Completion Date	Comments
Change Implementation Plan, applicable to all changes	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**	YES	_____	_____
	Supplier System PFMEA	_____	_____	_____
	Process Sheets	_____	_____	_____
	Operator Instruction Sheets	_____	_____	_____
	Gauge Revisions	_____	_____	_____
	Control Plan	_____	_____	_____
	Gauge R&R Study	_____	_____	_____
	PV Test plan**	YES	_____	_____
	Supplier Production Trial Run	_____	_____	_____
	Tier 2+ Supplier Effect	_____	_____	_____
	Service application	_____	_____	_____
Logistics / Shipping	_____	_____	_____	
Tooling revisions/movement	_____	_____	_____	
Facility changes	_____	_____	_____	
Bank/Inventory required?**	YES	_____	Quantity	
PPAP submission	_____	_____	_____	
Post-PPAP Functional Trial at Ford Plant	_____	_____	_____	

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 SREA submission to ensure robust change implementation in support of the date proposed below.

I affirm that the above and any attached information fully describe the proposed change. No changes will be implemented without Ford Approval.

Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ e-mail \_\_\_\_\_

Telephone \_\_\_\_\_ Proposed Implementation date of \_\_\_\_\_ Tier 1 approval of sub tier change request \_\_\_\_\_

Approval of this SREA is granted upon the understanding that it is advisory in nature and in no manner changes the Seller'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. Seller accepts full responsibility for the changes or types of changes listed above. Should such changes result in less than satisfactory performance than that experienced with the originally approved item, Seller will fully reimburse the Buyer for all expenses incurred to correct the deficiency

## SREA Form – Approvals

### Ford approvals for changes affecting production parts (part and site Q1 status determines signatures required)

Non inverted delta parts from Q1 supplier sites	SQE	Product Development Engineering		Product Development Plant Resident	
	SQE Engineer PRINT NAME                  SIGNATURE                  DATE	Design and Release Manager (parts to VO plant) -OR- Component Supervisor (parts to PTO plant) PRINT NAME                  SIGNATURE                  DATE		Lead PVT Manager (parts to VO plant) OR- Lead Resident Engineer (parts to PTO plant) PRINT NAME                  SIGNATURE                  DATE	
inverted delta (▼) parts or any parts from non-Q1 supplier sites	Quality Manager PRINT NAME                  SIGNATURE                  DATE	Design and Release Manager (parts to VO plant) -OR- Component Supervisor (parts to PTO plant) PRINT NAME                  SIGNATURE                  DATE		Lead PVT Manager (parts to VO plant) OR- Lead Resident Engineer (parts to PTO plant) PRINT NAME                  SIGNATURE                  DATE	
		Product Engineer System Supervisor (PTO plant) PRINT NAME                  SIGNATURE                  DATE			
		Chief Functional Engineer (parts to VO plant) OR Product Engr. System Supv (parts to PTO plant) PRINT NAME                  SIGNATURE                  DATE			

### Approvals for changes affecting Service-Unique Parts

Non inverted delta parts from Q1 supplier sites	SQE	Product Development Engineering		Buyer	
	SQE Engineer PRINT NAME                  SIGNATURE                  DATE	FCSD Engineer PRINT NAME                  SIGNATURE                  DATE		FCSD Buyer PRINT NAME                  SIGNATURE                  DATE	
inverted delta (▼) parts or any parts from non-Q1 supplier sites	Quality Engineer PRINT NAME                  SIGNATURE                  DATE	FCSD Engineer PRINT NAME                  SIGNATURE                  DATE		FCSD Buyer PRINT NAME                  SIGNATURE                  DATE	
		FCSD Engineering Supervisor PRINT NAME                  SIGNATURE                  DATE			
		FCSD Engineering Manager PRINT NAME                  SIGNATURE                  DATE			

### Additional approvals as needed for changes affecting parts.

For changes affecting heat treat	For material changes
Heat Treat Process Specialist PRINT NAME                  SIGNATURE                  DATE	Materials Engineer PRINT NAME                  SIGNATURE                  DATE

<b>Qualifying condition(s) of acceptance (For example additional testing required)</b>	<b>Reason for rejection</b>

## *Functional Trial Requirements and Approvals*

<b>Functional Trial Requirements                      Product Development Plant Resident(s) to complete.                      (This form is for communication between the Product Development Plant Resident and the supplier)</b>				
Plant Name / Program	Trial Run Quantity	Expected In Plant Date	Notes	Trial Run of PPAP approved parts acceptable Product Development Plant Resident Printed Name and Signature and Date