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| **SUPPLIER CHANGE REQUEST** |
| This section to be completed by Supplier - Please Type  |
| Submitted To:       | Howmet Plant:       | Date:       |
| Supplier Name:       | Address:             | Phone Number:       |
| Material, Product or Service Description:      | Howmet Specification:      | Test Results Included: Yes [ ]  No[ ]  |
| Type of Change: Manufacturing Process / Method [ ] Manufacturing Location [ ] Subcontractor [ ]  Materials [ ] Other: | Howmet Plant(s) Affected:       |
|  | Fixed Process Control Plan ID# Affected:       |
| Proposed Change:       | Implementation Timing:       |
| Reason for the Change:       |
| Impact of the Change:       | Quality Containment Actions:       |
|                  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Supplier’s Authorized Representative Name Title |
| ⮚ THIS AREA TO BE COMPLETED BY HOWMET PERSONNEL⮚ Howmet Customer Review / Approval Required: Yes [ ]  No [ ]  EH&S Review / Approval Required: Yes [ ]  No [ ] ⮚ If yes, list customers to contact:      Required MCL II-L Test Results: Passed [ ]  Failed [ ]  Date: ⮚ Customer(s) Disposition: Approved [ ]  Rejected [ ]  NA [ ]  Change Request Disposition: Approved [ ]   Rejected [ ]  Disposition Details: |
|  |
|  | Quality Manager |  Date |  | Buyer | Date |  | Engineer |  Date |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Plant Process Owner Date Corporate Process Owner Date BU SQA Date |  |