|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Change Request Data***  *Please compile all the fields as required, then send the document to GFMS Supplier Quality Assurance* | | | | | |
| Part Number | |  | Part Name | |  |
| Part Revision Level | |  | Part Status | | Choose an item. |
| Drawing Number | |  | Drawing Revision Level | |  |
| GFMS Ref. Plant | |  | GFMS Purchase Order n. | |  |
| Supplier Name | |  | Supplier SAP Code n. | |  |
| Address | |  | Country | |  |
| Quality Manager Name | |  | E-mail | |  |
| Telephone | |  |
| Change Request Type: Choose an item. | | | | | |
| Change Request Description: | | | Change Request Cause: | | |
| ***Prepared by Supplier*** | | | | | |
| *Role* |  | | *Name* |  | |
| *Date* | Click or tap to enter a date. | | *Signature* |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Change Request Evaluation and Decision***  *GFMS Responsibility* | | | | | | | | | | | | |
| Part/Product Characteristics impacted by this Change *(evaluation by GFMS R&D, when applicable)*: | | | | | | | | | | | | |
| *Safety/Security* | | | | *Performances* | | | *Maintainability* | | | | *Appearance* | |
| *Life or Duration* | | | | *Interchangeability* | | | *Installability* | | | | *No effect* | |
| *Strength* | | | | *Reliability* | | | *Testability* | | | | *Other (see Notes)* | |
| Impact on Costs: | | Notes/Details: | | | | | | | | | | |
| No | Yes |
| Part/Product Homologation1) has to be re-accomplished? | | | | | | No | | Yes | | Notes | | |
| GFMS Modification Order Number *(only for Design Change, if applicable)*: | | | | | | | | | | | | |
| ***Final Decision*** | | | | | | | | | | | | |
| GFMS Departments → | | | *Research & Development* | | *Procurement*  *(Advanced Purchasing Engineer)* | | | | *Procurement*  *(Commodity Manager)* | | | *Supplier Quality Assurance* |
| *Decision* | | | Choose an item. | | Choose an item. | | | | Choose an item. | | | Choose an item. |
| *Decision Comments* | | |  | |  | | | |  | | |  |
| *Role* | | |  | |  | | | |  | | |  |
| *Name* | | |  | |  | | | |  | | |  |
| *Date* | | | Click or tap to enter a date. | | Click or tap to enter a date. | | | | Click or tap to enter a date. | | | Click or tap to enter a date. |
| *Signature* | | |  | |  | | | |  | | |  |

*1) With reference to APQP Process: Initial Sample Review (ISRw) + Production Readiness Review (PRR).*