**Supplier Notification of Change Form**

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| **0** | **Instructions** |
|  | Complete Sections 2 and 3 and, if appropriate, section 4.*\* (Any Guidance Text in Blue may be overwritten)*Send to supplierqa@ultra-pcs.com and your nominated Procurement and SQA contacts. |
|  | Do not embody the change in any product if section 4 indicates PCS acceptance is required.Ultra will respond confirming if further action is required. |
| **1** | **Supplier information** |
| 1.1 | Supplier Name |   |
| 1.2 | Supplier Current Address |   |
| 1.3 | Supplier Contact name |  |
| 1.4 | Supplier Contact email |  |
| 1.5 | Supplier Contact Telephone |  |
| 1.6 | Date |  |
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| **2** | **Summary of Proposed Change** |  |
| **2.1 Description of the change**Please describe the change so it is clear for the reader. E.g. describe how the current situation is now and what the future situation it will be and when you want the change to happen. |
| **2.2 Reason for the change**Please explain the reason for the change and provide evidence to support this. Say why it is necessary to make the change and/or state the effect of not making the change. Where possible please provide a quantitative measure. E.g. if the change reduces cycle time say by how much.  |
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| **3** | **Product/Process Information** |
| **3.1 Affected products**Please enter the relevant products that are affected by the change. The information entered in this section should be specific and use PCS part numbers where applicable. You may want to refer to a separate list. |
| **3.2 Affected processes**Please enter the relevant processes affected by the change that is being notified. Mention any PCS reference numbers for the process here. |

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| **4** | **Type of Change****(**Select all applicable) |
| **4.1** | **Changes for products where NO Ultra Drawing or Technical Specification Applies.**  |
|  | Product characteristics |[ ]  **Notification** is normally required for these aspects. |
|  | Specification of the product |[ ]   |
|  | Original source of the product | [ ]  |  |
|  | Inspection/test of the product |[ ]   |
|  | Certification of the product |[ ]   |
|  | Delivery of the product |[ ]   |
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| **4.2** | **Changes for products when an Ultra Drawing or Technical Specification DOES apply.** |
|  | Design / Material / Performance / Deliverable software |[ ]  **Ultra acceptance** is normally required for these aspects **PRIOR** to embodiment. *Do not embody the change until all actions required by PCS are complete.* |
|  | The appearance of the product |[ ]   |
|  | Specification of the product  |[ ]   |
|  | Specification of the process |[ ]   |
|  | Process Technology |[ ]   |
|  | The location at which work is performed |[ ]   |
|  | Process layout or equipment location |[ ]   |
|  | The frequency of inspection or testing |[ ]   |
|  | Process/Inspection Equipment or it’s method of operation |[ ]   |
|  | Manufacturing / Design Software or control systems |[ ]   |
|  | Quality approvals e.g. suspension, lapse or non-renewal. |[ ]   |
|  | Transportation / Storage method |[ ]   |
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| **4.3** | **Other Significant Changes in** **Organisations that use Ultra Drawings or Technical Specifications** |
|  | Senior person at a site or a change of ownership |[ ]  **Notification** is normally required for these aspects. |
|  | Senior Quality responsible person or Management Representative for Quality | [ ]  |  |
|  | Quality System e.g. - Substantial re-write of procedure, change of certification body, change of calibration rules etc. |[ ]   |
|  | Business Software e.g. ERP system, CAD software, Calibration system etc. |[ ]   |
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| **5** | **Triage – Classifying The Proposed Change and Responding, Ultra use only** |
|  | Confirming awareness of the change and indicating any further action required |
| **5.1** | **Function / Title** | **Further Action Required?**  | **Name, Signature, Date** |
|  | **Commercial Review**(Supply Chain) | Yes / No |  |
|  | **Process Review**(Quality / Mfc Eng / SQA) | Yes / No |  |
|  | **Customer Quality Approval?**(Quality). | Yes / No / Notify Only |  |
|  | **Design Organisation\***(DO Reviewer) | Yes / No |  |
|  | **Customer Technical Approval?\***(DO Manager). | Yes / No / Notify Only |  |
|  | \* DO review not required for organisational changes. |
| **5.2** | **Further Action / Comment**(PCS to describe any further actions or approvals required prior embodiment. E.g. Design to view samples, SQA to view first build, QA to approve FAI etc. or if not accepted, explain why) |
| **5.3** | **PCS Response To Supplier** (QA Engineer / SQA Engineer to select one option based on content of 5.1 and 5.2) |
|  | **No further action required**(SNC Closed) |[ ]  **Name, Signature, Date** |
|  | **Further action required**(Supplier to complete section 6 and address any actions in 5.2) |[ ]   |
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| **6** | **Supplier Verification Details***Only complete this section if PCS indicated in section 5 that further action is required**Obtain Ultra acceptance in section 7 PRIOR TO embodiment* |
| **6.1** | **Risk Assessment and Mitigation** |
| Please provide evidence that you have assessed all the risks involved in this change and have taken suitable actions to mitigate these risks. |
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| **6.2** | **Validation/Verification For Potential Effect To Product** |
| Please describe what activities have taken place to confirm the change has no adverse effect on the product. Describe what supporting evidence will be provided, e.g. Samples, First Article Inspection, Process Qualification report. |
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| **6.3** | **Proposed Point of Embodiment** |
| Please clearly describe when the change would occur and when the product embodying the change would be delivered to Ultra and, if necessary, provide a schedule. |
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| **6.4** | **Supplier Confirmation That Verification is Complete** |
| **Job Title****(Owner / Director / Quality)** |  |
| **Name** |  |
| **Signature** |  |
| **Date** |  |
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| 7 | **Final Acceptance Decision**(N/A if Response in 6.3 is “YES”) |
| **7.1** | **Completion of Actions**(Quality / Mfc Eng / SQA to complete and determine signature path) |
|  | If further actions and approvals were required by section 6 then record the work that has been done by the supplier and PCS and complete the applicable approvals below. |
| **7.2** | **Approval of actions** |
|  | **Function / Title Approving** | **Actions completed OK?** | **Name, Signature, Date** |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
|  |  | Yes / No |  |
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| **7.3** | **PCS Response To Supplier** (QA Engineer / SQA Engineer to select one option, after confirming all actions are now approved by the appropriate PCS function) |
|  | **YES.** Change accepted as described |[ ]  **Name, Signature, Date** |
|  | **NO.** Change is not accepted |[ ]   |