



Hitachi Metals PPAP Supplier Warrant

PRODUCT INFORMATION

Product Name _____ AAP Product Name _____
 Engineering Change Level _____ Dated _____

SUPPLIER MANUFACTURING INFORMATION

Supplier Name and Supplier/vendor Code _____
 Street Address _____
 City _____ State _____ Postal code _____ Country _____

CUSTOMER SUBMITTAL INFORMATION

AAP Department _____
 Buyer/Buyer Code _____
 Application _____

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? Yes No

REASON FOR SUBMISSION (Check at least one)

- | | |
|---|---|
| <input type="checkbox"/> Initial submission | <input type="checkbox"/> Change of Ingredients or Material |
| <input type="checkbox"/> Change in Technology | <input type="checkbox"/> Supplier or Material Source Change |
| <input type="checkbox"/> Change in process flow or how made | <input type="checkbox"/> Change in Manufacturing location |
| <input type="checkbox"/> Material produced at additional location | <input type="checkbox"/> Other-please specify below |
| <input type="checkbox"/> | <input type="checkbox"/> |

REQUESTED SUBMISSION LEVEL (Check one)

- Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.
 Level 2 - Warrant with product samples and limited supporting data submitted to customer.
 Level 3 - Warrant with product samples and complete supporting data submitted to customer.
 Level 4 - Warrant and other requirements as defined by customer.
 Level 5 - Warrant with product samples and complete supporting data reviewed at supplier's manufacturing location.

SUBMISSION RESULTS

The results for dimensional measurements, material and functional tests appearance criteria statistical process package
 These results meet all design requirements Yes No. (If "No" - Explanation Required).
 Mold / Cavity / Production Process(es) _____

DECLARATION

I affirm that the samples represented by this warrant are representative of our parts which were made by a process which meets all Production Part Approval Process Manual 4th Edition requirements including all AAP-specific requirements. I further affirm that these samples were produced at the production rate of _____ / _____ hours using _____ production streams.
 I also certify that documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

EXPLANATION/COMMENTS

Organization Authorized Signature _____ Print Name _____ Date _____
 Title _____ Phone No. _____ Fax: _____
 Email _____

FOR AAP USE ONLY

PPAP _____ Non-PPAP^{a/} _____

Phased PPAP Warrant Status: Approved Rejected Interim Accepted

QA Engineer Signature		Name	
		e-mail	
Date			
Purchasing Signature		Name	
		e-mail	
Date			

a/ Non-PPAP indicates the part does not satisfy one or more PPAP requirements and is incomplete
 b/ P.D. signature for Priority suppliers on GPDS programs

Interim Status

(to be completed by the Organization)

Engineering Authorization _____
 Alert, Temp. PCM, TPD Number _____

Description: (Incomplete PPAP Requirements) _____

The original copy of this document shall remain at the supplier's location while the part is active