



To Be Completed by Supplier

SUPPLIER NAME: _____ DATE SUBMITTED: _____
PART NUMBER: _____ DESCRIPTION: _____
REVISION LEVEL: _____ PRINT DATE: _____ CAVITY/DIE: _____
SUPPLIER CONTACT: _____ E-MAIL: _____
REASON FOR SUBMISSION: [] Initial Submission [] Process Change [] Design Change [] Annual Review / Revision

Explanation / Reason:

PGL/PSI Use Only

DATE PPAP REC'D: _____
STA / SQ ENGINEER: _____ BUYER: _____
TOOL RELEASE NO: _____ PRODUCT LINE: _____
PGL/PSI PLANTS USED: _____
SUPPLIER RATING: _____
Date to Layout: _____ Date Returned: _____
Date to Material Analysis: _____ Date Approved: _____

CHECK AND APPROVE ALL DOCUMENTS BELOW

Table with columns: Supplier Checks, PGL/PSI Approval, PPAP Third Edition Requirements, Submission Level (1-5), and Comments. Rows include requirements like Design Records, Design FMEA, Process Flow Diagrams, etc.

Actions Needed:

R = Retain documentation records and samples at supplier's production location, and make readily available to PGL/PSI upon request.
S = Submitted to customer, and retain documentation records and samples at supplier's production location.
* = Requirements as defined by PGL/PSI.

CUSTOMER(S) APPROVAL(S): [] Yes [] No Date: _____ SUPPLIER NOTIFIED: [] Yes [] No Date: _____