**Supplier Change Request (SCR)**

**SECTION 1 – TO BE FILLED OUT BY THE SUPPLIER:** This form is only to request permanent change.

**General**

**Supplier Information:** Supplier name, location where component is manufactured and contact information for Originator (phone number, fax number, and e-mail address). Supplier Tracking Number is an optional field for internal tracking by the supplier.

**Section 1 – Change Request**

1. **Part Number**: Only one SCR should be submitted per part number/ family. Include: part number, revision level, and part description (from Senneca drawing)
2. **Part Description:** Name of the part as it appears on the Senneca Drawing.

* List Senneca Asset Number (s), for Senneca owned tooling and the cavity number affected by the change (for multiple cavity tools dies) if applicable.

1. **Description of Current Process or Specification:** Describe what the customer (Senneca) currently expects.
2. **Reason for Change and Description of Proposed Process or Specification:** Provide a detailed description of the requested change. Provide attachments if necessary.

* **Identify impact of the proposed change:**
* Does this change affect the part cost (reduction)? If yes, document the estimated cost benefit to Senneca. The supplier is responsible to contact the Senneca Commodity Team.
* Is there a packing change?
* Will a new/ revised PPAP be required? Senneca is the final authority to determining PPAP requirements for all changes.
* Will an inventory of banked parts be required? Senneca inventory bank quantities must be coordinated through and approved by Senneca. The supplier shall not calculate bank quantities based solely on Senneca releases.
* Effectivity Date: What is the proposed timing of change? When will the change be completed?

1. **Qualification Plan with Target Date:** For Process Changes, enter the Supplier’s proposed Qualification Plan and PPAP target date. The Proposed Qualification Plan may be submitted as an attachment to the SCR.
2. **Proposed Change Effectivity Date**: Indicate the date that you would like to see the change take place.

***Note: Change approval may take an extended period of time when Senneca customer approval is required. Changes shall not be implemented prior to the receipt of written approval from Senneca.***

**SECTION 2 – TO BE FILLED OUT BY THE SENNECA:**

The responsible Senneca Supplier Quality Engineer, Engineering, Production and Purchasing Manager will review SCR to provide disposition. All rejections must provide comments.

**\*\*\* THIS FORM IS NOT SENNECA’S AUTHORIZATION FOR A SUPPLIER TO PROCEED WITH REQUEST\*\*\***

**Supplier Change Request (SCR)**

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| **General** | |  | | |  | |  | |  |
| **Supplier:** |  | | | | **Requestor:** | |  | |  |
| **Address:** |  | | | | **Phone Number:** | |  | |  |
|  |  | | | | **Fax Number:** | |  | |  |
| **Date of Request:** | |  | **Track #:** |  | | **E-Mail:** | |  |  |
| **Section 1 – Change Request** | | | | | | |  | |  |

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| **1. Request Type:** | |  | **Drawing Change** |  | **Manufacturing Change-location, process, tooling…Specify** | | | | | | | |
|  | |  |  |  |  | | | | | | | |
|  | |  | **Supplier Change** |  | **Other** | | |  | | | | |
| **2. Part Number:** | |  | | | | | **Rev.** | | |  | | |
| **Part Description:** |  | | | | | **Tool Asset #:** | | |  | | **Cavity(s)#** |  |

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| **3. Description of Current Process or Specification:** |
|  |
| **4. Reason for Change and Description of Proposed Process or Specification:** |
|  |
| **5. Qualification Plan with Target Date:** |
|  |
| **8. Proposed Change Effectivity Date: (*Note:*** *Deviation approval may take an extended period of time when Senneca customer approval is required*. **Changes shall not be implemented prior to the receipt of written approval from Senneca.):** |
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| **SECTION 2 – TO BE FILLED OUT BY SENNECA:**  **\*If approved, indicate data required form Supplier such as capturing starting or ending serial numbers, lot numbers, special component identification, special packing identification, error proofing, etc.** |
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| **SCR/ ECR #:** |

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| --- | --- | --- | --- | --- |
| **Supplier Quality Signature:** | **Date:** | **Approved:** | **Rejected:** | **Comments:** |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Comments:** | | | | | | | | |
| If approved indicate data required from Supplier: | | | | | | | | |
|  | | | | | | | | |
|  |  | PPAP Required | Level: |  | Submit by Date: | |  |  |
|  |  | | | | | | | |
|  |  | None | Comments: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Other |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |