|  |  |  |
| --- | --- | --- |
|  | Request Date: |  |
| Part Description: | GFMS Part No.: | Revision Index: | Revision Date: |
|  |  |  |  |
| Supplier: | Supplier Reference Person: | Phone: | E-Mail: |
|  |  |  |  |
| GFMS Site: | GFMS Reference Person: |  |  |
|  |  |  |  |
| **Change Description** |
| Proposed Change(s): | Include Supporting Data (drawings, procedures, associated parts no’s, costs, previous submissions, etc.) |
|  |
| Reason for Change(s): | Change affects (several answers possible): |
|  | [ ]  Dimensions / material / surface[ ]  Production process/procedure[ ]  Supply chain / sub-supplier[ ]  Packaging |
| Related Risks: | Traceability (define the way to trace new parts): |
|  |  |
| First Delivery Date after Change: | Delivery Quantity before Change: | Present Manufacturer / Site: | Proposed Manufacturer / Site: |
|  |  |  |  |
| Surname, First Name: | Function: | Date: | Supplier Signature: |
|  |  |  |  |
| **Intermediate Decision GFMS** |
| Comments / Conditions: | Conditions may include special actions (e.g. higher inspection density) and/or conditions concerning delivery dates and quantities. |
|  |
| Change affects: | R&D | Engineering | Logistics | Purchasing | Production | Quality |
| - dimensions / material / surface | X | X | X | X | X | X |
| - production process/procedure | X | X |  | X |  | X |
| - supply chain / sub-supplier |  | X | X | X |  | X |
| - packaging |  | X | X | X | X | X |
| Favorable? (Yes/No): |  |  |  |  |  |  |
| Surname, First name: |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |
| Signature: |  |  |  |  |  |  |
| **Final Decision GFMS** |
| Supplier Audit Date / Result: | Initial Samples Report No./ Result: | Quantity to Deliver before Change: | Change Date / Serial Number: |
|  |  |  |  |
| Comments / Conditions: | Conditions may include special actions (e.g. higher inspection density) and/or conditions concerning delivery dates and quantities. |
|  |
| Surname, First Name: | Function: | Date: | GFMS Signature: |
|  |  |  |  |
| Distribution: |  |
|  |  |  |