

313023

Part Name <b>Ring Gear</b>		Customer Part Number <b>250.1.4247.55</b>
Shown on Drawing No. <b>250.1.4247.55</b>	Organization Part # _____	
Engineering Change Level <b>a C001630_MIP_1</b>	Dated <b>04-nov-15</b>	
Additional Engineering Changes _____	Dated _____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No. _____	Weight (kg) <b>3.1810</b>
Checking Aid No. _____	Checking Aid Engineering Change Level _____	Dated _____

**ORGANIZATION MANUFACTURING INFORMATION**

**CUSTOMER SUBMITTAL INFORMATION**

**GETRAG MODUGNO**

Organization Name & Supplier/Vendor Code  
**VIA DEI CICLAMINI N°4**

Street Address  
**MODUGNO BARI 70026 ITALY**

City	Region	Postal Code	Country

Customer Name/Division  
 \_\_\_\_\_

Buyer/Buyer Code  
**DCT250**

Application  
 \_\_\_\_\_

**MATERIALS REPORTING**

Has customer-required Substances of Concern information been reported?  Yes  No  n/a  
 Submitted by IMDS or other customer format: \_\_\_\_\_

Are polymeric parts identified with appropriate ISO marking codes?  Yes  No  n/a

**REASON FOR SUBMISSION (Check at least one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Initial Submission   | <input type="checkbox"/> Change to Optional Construction or Material |
| <input checked="" type="checkbox"/> Engineering Change(s)                             | <input type="checkbox"/> Supplier or Material Source Change          |
| <input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional | <input type="checkbox"/> Change in Part Processing                   |
| <input type="checkbox"/> Correction of Discrepancy                                    | <input type="checkbox"/> Parts Produced at Additional Location       |
| <input type="checkbox"/> Tooling Inactive > than 1 year                               | <input type="checkbox"/> Other - please specify below                |

**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 organization's manufacturing location.

**SUBMISSION RESULTS**

The results for  dimensional measurements  material and functional tests  appearance criteria  statistical process package

These results meet all drawing and specification requirements:  Yes  NO (If "NO" - Explanation Required)

Mold / Cavity / Production Process \_\_\_\_\_

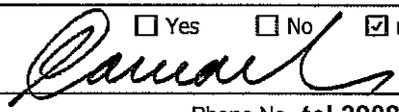
**DECLARATION**

I hereby affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of \_\_\_\_\_ / \_\_\_\_\_ hours.

I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below.

EXPLANATION / COMMENTS: **Marking introduction for shot peened parts (already in place)**

Is each Customer Tool properly tagged and numbered?  Yes  No  n/a

Organization Authorized Signature  Date **14/12/2015**

Print Name **Camarda Ettore** Phone No. **tel 390805858220** Fax No. \_\_\_\_\_

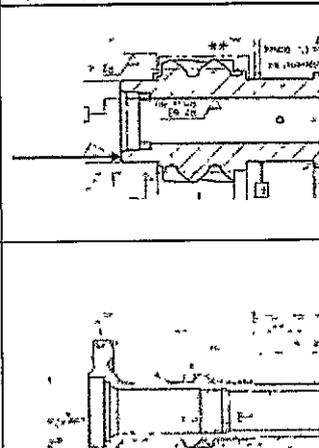
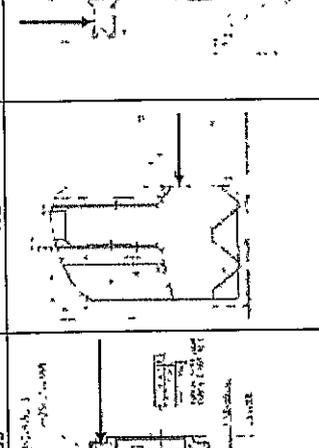
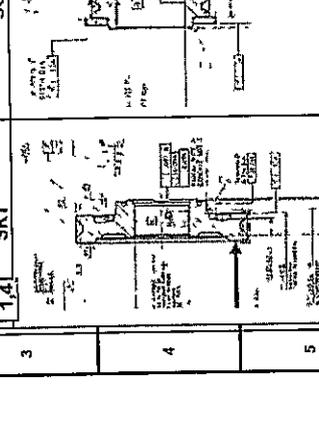
Title **Area 1 Manager** E-mail **ettore.camarda@magna.com**

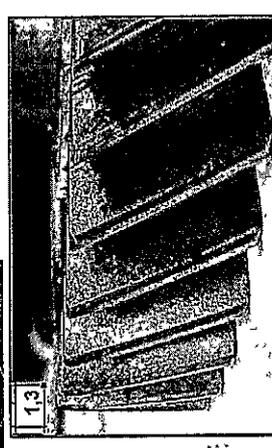
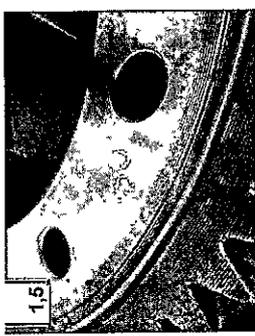
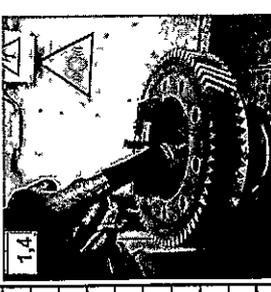
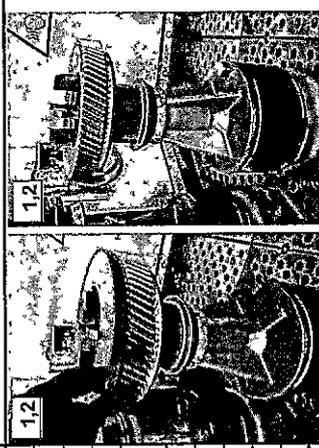
**FOR CUSTOMER USE ONLY (IF APPLICABLE)**

Part Warrant Disposition:  Approved  Rejected  Other

Customer Signature  Date **14-12-15**

Print Name \_\_\_\_\_ Customer Tracking Number (optional) \_\_\_\_\_

Foglio QPS MACHINING		Baril		Data creazione		
Reperto		GPS 1/GPS 2		12/12/15		
Macchina		Pangborn		Revisione-N°		
Processo (OP-N°)		Pallinatura		1		
Componente/Variante		Tutti		Tipo modello		
1		1		DCT250		
Step principale	Stazione	Elemento principale				Perché & Esperienza (Sicurezza - Qualità - Ambiente)
	man auto walk (Loghi)	(Fare riferimento a WES per fasi complesse)				
Procedura	1.1	Dopo aver eseguito rotazione tavola				Verificare la presenza della granigliatura sul pezzo Vedere tabella di riferimento Marcare il pezzo prima di toglierlo dalla macchina
	1.2	Togliere il cappello se presente				
	1.3	Verificare visivamente se il pezzo è pallinato				
	1.4	Individuare area di marcatura a seconda del componente				
	1.5	Marcare con doppio "00" il pezzo				
2						
3	1.4 SRI		RG		IS2	OS1
4						
5						
6						
7						
8						
DPI necessari		00:00   00:00   00:00		Loghi		Gestione ambientale
						Ambiente
						Costi
						Sicurezza
						Controllo qualità
						Indicanti critici





Part Name <b>Ring Gear</b>		Customer Part Number <b>250.1.4247.79</b>	
Shown on Drawing No. <b>250.1.4247.79</b>		Organization Part # _____	
Engineering Change Level <b>a C001630_MIP_1</b>		Dated <b>04-nov-15</b>	
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. _____	
		Weight (kg) <b>3.1810</b>	
Checking Aid No. _____		Checking Aid Engineering Change Level _____	
		Dated _____	

**ORGANIZATION MANUFACTURING INFORMATION**
**CUSTOMER SUBMITTAL INFORMATION**
**GETRAG MODUGNO**

Organization Name & Supplier/Vendor Code  
**VIA DEI CICLAMINI N°4**

Street Address  
**MODUGNO BARI 70026 ITALY**

City	Region	Postal Code	Country
MODUGNO	BARI	70026	ITALY

Customer Name/Drawn  
 \_\_\_\_\_

Buyer/Buyer Code  
**DCT250**

Application  
 \_\_\_\_\_

**MATERIALS REPORTING**

Has customer-required Substances of Concern information been reported?  
 Submitted by IMDS or other customer format:  Yes  No  n/a

Are polymeric parts identified with appropriate ISO marking codes?  Yes  No  n/a

**REASON FOR SUBMISSION (Check at least one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Initial Submission<br><input checked="" type="checkbox"/> Engineering Change(s)<br><input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional<br><input type="checkbox"/> Correction of Discrepancy<br><input type="checkbox"/> Tooling Inactive > than 1 year | <input type="checkbox"/> Change to Optional Construction or Material<br><input type="checkbox"/> Supplier or Material Source Change<br><input type="checkbox"/> Change in Part Processing<br><input type="checkbox"/> Parts Produced at Additional Location<br><input type="checkbox"/> Other - please specify below |
|--|--|

**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 organization's manufacturing location.

**SUBMISSION RESULTS**

The results for  dimensional measurements  material and functional tests  appearance criteria  statistical process package

These results meet all drawing and specification requirements:  Yes  NO (If "NO" - Explanation Required)

Mold / Cavity / Production Process \_\_\_\_\_

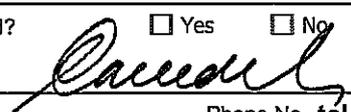
**DECLARATION**

I hereby affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of \_\_\_\_\_ / \_\_\_\_\_ hours.

I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below.

EXPLANATION / COMMENTS: **Marking introduction for shot peened parts (already in place)**

Is each Customer Tool properly tagged and numbered?  Yes  No  n/a

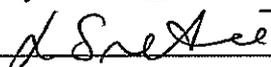
Organization Authorized Signature  Date **14/12/2015**

Print Name **Camarda Ettore** Phone No. **tel 390805858220** Fax No. \_\_\_\_\_

Title **Area 1 Manager** E-mail **ettore.camarda@magna.com**

**FOR CUSTOMER USE ONLY (IF APPLICABLE)**

Part Warrant Disposition:  Approved  Rejected  Other

Customer Signature  Date **14.12.15**

Print Name \_\_\_\_\_ Customer Tracking Number (optional) \_\_\_\_\_

Foglio QPS MACHINING		Barra	Data creazione	12/12/15	
Stabilimento		GPS 1/GPS 2	QPS-N°		
Reparo		Pengborn	Revisione-N°	1	
Macchina		Pellinatura	Pagina	1	
Cambio Tipo (Elemento)		Componente/variante	Tutti	DCT250	
Tact time (Line)		min	max		
Step principale		Elemento principale			
		(Fare riferimento a WES per fasi complesse)			
1		1.1 Dopo aver eseguito rotazione tavola 1.2 Togliere il cappello se presente 1.3 Verificare visivamente se il pezzo è pallinato 1.4 Individuare area di marcatura a seconda dei componenti 1.5 Marcare con doppio "00" il pezzo			
2					
3					
4					
5					
6					
7					
8					

Stazione	auto	walk	relativo a (Loghi)	Elemento principale	Perché & Esperienza (Sicurezza - Qualità - Ambiente)
1.4 SR1					Verificare la presenza della granigliatura sul pezzo Vedere tabella di riferimento
SG5					Verificare la presenza della granigliatura sul pezzo Vedere tabella di riferimento
RG					Verificare la presenza della granigliatura sul pezzo Vedere tabella di riferimento
IS2					Verificare la presenza della granigliatura sul pezzo Vedere tabella di riferimento
OS1					Verificare la presenza della granigliatura sul pezzo Vedere tabella di riferimento

Step	1.4	1.5	1.3	1.3
Immagine / Spiegazione				

DPI necessari		Loghi		Gestione ambientale	
00.00	00.00	00.00	00.00	00.00	00.00
Indicazioni critiche	Sicurezza	Controllo qualità	Costi	Ambiente	Gestione ambientale



