



**SUPPLIER CHANGE REQUEST (SCR)**

SCR# (filled in by Dayco): \_\_\_\_\_

SUPPLIER: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_ DAYCO COMMODITY MANAGER: \_\_\_\_\_

**TYPE OF CHANGE:**

- |                                      |   |
|--------------------------------------|---|
| _____ MFG LOCATION                   | _____ NEW GAGE OR MODIFICATION          |
| _____ MFG METHOD                     | _____ EQUIPMENT RELOCATION WITHIN PLANT |
| _____ CHANGE / REMOVAL OF INSPECTION | _____ SHIFT ELIMINATION OR ADDITION     |
| _____ NEW TOOL OR MAJOR REPAIR       | _____ NEW MACHINE OR FIXTURE            |
| _____ INITIAL USE OF NEW MACHINE     | _____ DOCUMENTATION CHANGE              |
| _____ CHANGE OF SUB-SUPPLIER         | _____ SAFETY                            |

**DESCRIBE REQUESTED CHANGES**

(Attach marked-up drawings where appropriate to illustrate effect on part.)  
 (Include details if Dayco's costs will be affected by this change.)

**DESCRIBE REASONS FOR INITIATING CHANGES:**

**DAYCO PART NUMBERS AFFECTED (ATTACH LIST IF NECESSARY):**

\_\_\_\_\_

\_\_\_\_\_

**Supplier: Complete the following Change Implementation Plan**

	Required for this change? (Yes or No)	Responsible	Planned Completion Date	Comments
<b>Change Implementation Plan</b>	Supplier Layout/Detail/Assy Drawing	_____	_____	_____
	Supplier engineering specification	_____	_____	_____
	Material Specification	_____	_____	_____
	Process Flow Chart	_____	_____	_____
	Supplier Component PFMEA**	_____	_____	_____
	Process Sheets	_____	_____	_____
	Operator Instruction Sheets	_____	_____	_____
	Gauge Revisions	_____	_____	_____
	Control Plan	_____	_____	_____
	Gauge Study	_____	_____	_____
	Supplier Production Trial Run	_____	_____	_____
	Tier 2+ Supplier Effect	_____	_____	_____
	Logistics / Shipping	_____	_____	_____
	Tooling revisions/movement	_____	_____	_____
	Facility Changes	_____	_____	_____
	Bank/Inventory required?**	_____	_____	_____
	PPAP Submission	<b>YES</b>	_____	_____
	Post PPAP Functional Trial at Dayco	_____	_____	_____
Dayco PV Testing	_____	_____	_____	

All items listed above must be reviewed when developing the change implementation plan, however, the items marked \*\* are to be completed, reviewed and updated prior to the SCR submission to ensure robust change implementation in support of the date proposed below. PPAP (including a PSW and the approved version of this SCR at a minimum) must be submitted after the change is completed.

Name \_\_\_\_\_

**Proposed Implementation date of the change:** \_\_\_\_\_

Signature \_\_\_\_\_

Approval of this request is granted upon the understanding that it is advisory in nature and in no manner changes the Seller's original responsibility for ensuring that all characteristics, designated in the applicable engineering specification and / or inherent in the samples as originally tested and approved, are maintained. Seller accepts full responsibility for the changes or types of changes listed above. Should such changes result in less than satisfactory performance than that experienced with the originally approved item, Seller will fully reimburse the Buyer for all expenses incurred to correct the deficiency.

SCR#: \_\_\_\_\_

		APPROVED	REJECTED	DATE	SIGNATURE
<b>DAYCO PLANT APPROVALS</b>	SUPPLY MGMT.				
	LOGISTICS				
	PRODUCTION				
	ENGINEERING - Plant				
	QUALITY				
	EH&S				
	ACCOUNTING				
	PLANT MANAGER				
	ENGINEERING - Design				
	ACCOUNT MGMT				
				<b>OVERALL DISPOSITION</b> (Completed by Commodity Manager)	

**DAYCO CORPORATE**  
 (Required for a change to Fit, Form or Function OR Cost)

**Qualifying condition(s) of acceptance** (Additional testing required, for example)

**Reason for rejection** (Completed by Commodity Manager)

**FILLED IN BY DAYCO**

Date SCR Completed: \_\_\_\_\_

Signed: \_\_\_\_\_