

PPAP Review Checklist, Purchased Component (Reference AIAG PPAP Manual)

SUPPLIER NAME				
LOCATION				
KEY CONTACT NAME		PART N	О.	
PHONE NO / FAX NO		PART NAME		
DATE OF SUBMISSION				
LEVEL OF SUBMISSION				
PRINT REV. LEVEL		AUDITE	ED BY	
	ITEMS SUBMITTED	YES	NO	EXPLANATION
PART SUBMISSION WAR	RRANT:			
- Correct part name and part number				
- Correct drawing change level and revi				
- Weight of the part in kg. to 3 decimal	places			
- Remainder of form filled in correctly				
- Action plan(s) to address discrepancie	s included (for Interim Approval)			
DRAWING and CHANGE	DOCUMENTS:			
- Released drawing at latest change leve				
- Ballooned drawing	and materies wartan			
- All characteristics ballooned and numl	pered (including Notes)			
PROCESS FLOW DIAGRA				
- Diagram accurately reflects process, ir	acluding rework and inspection stations			
- Header information accurate				
 All relevant process and product chara match with Control Plan and Drawing 	cteristics (SC/CC) are listed and			
- Obvious Link between Flow, PFMEA,	and Control Plan (same step numbers, names, process)			
PFMEA:				
- Complies to AIAG FMEA Manual, wi	th appropriate rankings			
- Header information accurate				
- All SC/CCs addressed				
- Highest RPNs/severity addressed (Tar	get RPN<100)			
- Address typical / historical failure mod				
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DIMENSIONAL RESULTS				
- Report complies to AIAG format or equivalent				
- Correct part number and change level				
 All marked dimensions match with the ballooned print and are within the spec. (including dimension of coated area on partially coated components) 				
- OK / NOT OK column checked prope	rly			
- The supporting documents dated within six (6) months;				
- Dimensional Data within three (3) more	nths			
MATERIAL TERTS				
MATERIAL TESTS: (if reque - Report complies to AIAG format or ed				
- All test results reported per specification or print				
- All results conform with specs and have they been performed within six (6) months				
- All tests performed at an accredited facility, with proof of accreditation and scope				
- All tests performed at an accredited facility, with proof of accreditation and scope (ISO/TS 16949 for internal labs, and ISO/IEC 17025 for external labs)				

ITEMS SUBMITTED	YES	NO	EXPLANATION
CAPABILITY STUDIES:			
- Studies performed per AIAG standards, or equivalent			
- Part number and change level correct			
- All Special Characteristics have Cpk studies			
- The data is normally distributed and meets the Ppk (long term) / Cpk (short term) requirements.			
- Studies performed within six (6) months of submission date			
- Studies performed within six (0) months of submission date			
GAGE R&R STUDIES:			
- Report complies to AIAG format or equivalent			
- Gage name and characteristics properly identified			
- Studies performed per acceptable AIAG method			
- Studies performed on all gages used on SC/CC features, at a minimum (including on-line gages and testers)			
- The studies were done within six (6) months			
- All the results meet AIAG guidelines (GR&R<10% acceptable, 10-30% may be acceptable based on application, >30% need improvement plan)			
CONTROL PLAN:			
- Report complies to AIAG format or equivalent			
- Plan type is clearly identified (Prototype, Safe Launch/Pre-Production, Production)			
- All SC/CCs and other pertinent characteristics are identified			
- Controls type and frequency are adequate			
- Annual revalidation activities are included			
- Off-line or off-site processes are included (i.e. rework, warehouse activity, receiving, shipping)			
SAMPLE PARTS:			
- Samples are included			
AUFOVINO AIDO			
CHECKING AIDS:			
- Checking aids are included			
PRINT SPECIFIC REQUIREMENTS: (if applicable)			
- Additional print required testing, for quality level of part.			
- Any above that are YES - has the calibration of the test equipment been confirmed thru Qualified Laboratory Documentation?			
- All results conform with specs and have been performed within six (6) months			
DAOVACINO INFORMATION			
PACKAGING INFORMATION: (if requested) - The submission includes packaging plan and sample label			
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IMDS: (if requested)			
- IMDS Form "C' included in the PPAP and complete			
- Approval obtained from IMDS coordinator			
CADACITY VEDICICATION.			
CAPACITY VERIFICATION: (if requested) - Equalized capacity is greater than CPV for each operation			
- Equalized capacity is greater than CFV for each operation - Corrective Action attached if required			
- Corrective Action attached in required		<u> </u>	
SUB-SUPPLIERS: (if applicable)			
- Sub-supplier PSWs are included and fully approved (no interims)			
- Interim approved sub-supplier PPAP's require a corrective action plan to be included with the submission			
- Full PPAP included for sub-suppliers responsible for SC/CC designated features			
- Sub-suppliers are ISO 9000 certified or ISO/TS 16949 compliant			
- Sub-suppliers meet capacity requirements			