



# PPAP Review Checklist, Outside Processing (OSP)

(Reference AIAG PPAP Manual)

SUPPLIER NAME	
LOCATION	
KEY CONTACT NAME	
PHONE NO / FAX NO	

PART NO.	
PART NAME	

DATE OF SUBMISSION	
LEVEL OF SUBMISSION	
PRINT REV. LEVEL	

AUDITED BY	
------------	--

ITEMS SUBMITTED	YES	NO	EXPLANATION
<b>PART SUBMISSION WARRANT:</b>			
- Correct part name and part number			
- Correct drawing change level and revision dates			
- Remainder of form filled in correctly			
- Action plan(s) to address discrepancies included (for Interim Approval)			
<b>PROCESS FLOW DIAGRAM:</b>			
- Diagram accurately reflects process, including rework and inspection stations			
- Header information accurate			
- All relevant process and product characteristics (SC/CC) are listed and match with Control Plan and Drawing			
- Obvious Link between Flow, PFMEA, and Control Plan (same step numbers, names, process)			
<b>PFMEA:</b>			
- Complies to AIAG FMEA Manual, with appropriate rankings			
- Header information accurate			
- All SC/CCs addressed			
- Highest RPNs/severity addressed (Target RPN<100)			
- Address typical / historical failure modes			
<b>CONTROL PLAN:</b>			
- 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)			
<b>PRINT SPECIFIC REQUIREMENTS:</b>			
- 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			
<b>PERFORMANCE TESTS: (if requested)</b>			
- Report complies to AIAG format or equivalent			
- All test results reported per specification or print			
- All results conform with specs and have been performed within six (6) months			
- All tests performed at an accredited facility, with proof of accreditation and scope (ISO/TS16949 for internal labs, and ISO/IEC 17025 for external labs)			
<b>APPEARANCE APPROVAL REPORT: (if requested)</b>			
- The report meets specified requirements			
<b>SAMPLE PARTS: (if requested)</b>			
- Samples are included			

ITEMS SUBMITTED	YES	NO	EXPLANATION
<b>CUSTOMER SPECIFIC REQUIREMENTS: (if requested)</b>			
- Additional customer-required documents are included			
<b>IMDS: (if requested)</b>			
- IMDS Form included in the PPAP and complete			
- Approval obtained from IMDS coordinator			
<b>CAPACITY VERIFICATION: (if requested)</b>			
- Equalized capacity is greater than CPV for each operation			
- Corrective Action attached if required			
<b>SUB-SUPPLIERS:</b>			
- Sub-supplier PSWs are included and fully approved (no interims)			
- Interim approved sub-supplier PPAPs 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			
- Sub-suppliers (name and LOCATION) matrix is included, if multiple sub-suppliers			