

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

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SUPPLIER NAME					
LOCATION					
KEY CONTACT NAME		PART N	0.		
PHONE NO / FAX NO		PART N	PART NAME		
DATE OF SUBMISSION					
LEVEL OF SUBMISSION					
PRINT REV. LEVEL		AUDITE	ED BY		
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	ITEMS SUBMITTED	YES	NO	EXPLANATION	
PART SUBMISSION WAR	RRANT:				
- Correct part name and part number					
- Correct drawing change level and revi	sion dates				
- 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 level and matches warrant					
- Ballooned drawing					
- All characteristics ballooned and num	bered (including Notes)				
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PROCESS FLOW DIAGRAM:					
- Diagram accurately reflects process, including rework and inspection stations - Header information accurate					
- All relevant process and product chara	potarieties (SC/CC) ara listed and				
match with Control Plan and Drawing	icteristics (SC/CC) are fisted and				
- Obvious Link between Flow, PFMEA	, and Control Plan (same step numbers, names, process)				
PFMEA:					
- 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 mo-	des				
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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 properly					
- The supporting documents dated within six (6) months;					
- Dimensional Data within three (3) months					
MATERIAL TECTO			1	I	
MATERIAL TESTS: (if reque					
- Report complies to AIAG format or equivalent					
- All test results reported per specification or print - All results conform with specs and have they been performed within six (6) months					
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	n specs and have they been performed within six (6) months n accredited facility, with proof of accreditation and scope ernal 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			
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	+		
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			
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PACKAGING INFORMATION: (if requested)			
- The submission includes packaging plan and sample label			
IMDS: (if requested)			
- IMDS Form "C' included in the PPAP and complete			
- Approval obtained from IMDS coordinator			
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CAPACITY VERIFICATION: (if requested)			
- Equalized capacity is greater than CPV for each operation			
- Corrective Action attached if required			
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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			
- Sub-suppliers (name and LOCATION) matrix is included, if multiple sub-suppliers			