

## Production Part Approval Checklist

			Organization:	
	Part ID		Code:	
		Project document		
1	Design record	-		
2		-		
3				
4	Process Flow Chart	<a href="#">Process Flow Chart</a>		
5		Appendix 1 - Design & Process FMEA Form		
6	Control Plan	Appendix 9 - Control Plan form		
7		Appendix 2 –Measurement System Analysis Form		
8	Dimensional   Material   Performance Test Results			
9	Initial process studies	Appendix 2 – Capability Form		
10				
11	Appearance approval report	<a href="#">AAR</a>		
12		-		
13		-		
14	Part Submission Warrant	<a href="#">PSW</a>		

[PCL- ProductProcess Changes Log](#)

## Production Part Approval - Process Flowchart

Part ID										Date			
Part Description										Rev.			
Prepared by:										Checked by:			
	Fabrication				Operation description								
	◇ ○ △ □												







### Production Part Approval - Part Submission Warrant

Part Name _____		Cust. Part Number _____	
Shown on Drawing Number _____		Orig. Part Number _____	
Engineering Change Level _____		Dated _____	Dated _____
<input type="checkbox"/> Yes <input type="checkbox"/> No		Purchase Order No. _____	Weight (kg) _____
Checking Aid Eng. Change Level _____		Dated _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>			
SUPPLIER _____		CODE _____	
ADDRESS _____			
City _____		Region _____	Postal Code _____ Country _____
<b>APPLICATION</b>			
Application _____			
<b>MATERIALS REPORTING</b>			
Submitted by IMDS or other customer format: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>REQUESTED SUBMISSION LEVEL (Check one)</b>			
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>SUBMISSION RESULTS</b>			
The results for <input type="checkbox"/> dimensional measurements		<input type="checkbox"/> material and functional tests	<input type="checkbox"/> appearance criteria
		<input type="checkbox"/> statistical process package	
		<input type="checkbox"/> Yes <input type="checkbox"/> NO	(If "NO" - Explanation Required)
_____			
<b>DECLARATION</b>			
_____			
EXPLANATION/COMMENTS: _____			
_____			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Organization Authorized Signature _____		Date _____	
Title _____	E-mail _____	_____	_____
FOR CUSTOMER USE ONLY (IF APPLICABLE)			
Customer Signature _____		Date _____	
Customer Tracking Number (optional) _____			