



Part Name <u>3rd Row Head Restraint Manual</u>		Cust. Part Number	Ford P/N: AU5A-96501B19-DFW Magna P/N: D1FA-1TB-76520-M3 / D1FA-5B8-76520-M3 / D1FA-AU5-76520-M3
Shown on Drawing No. <u>AU5A-96501B19-DFW</u>		Orig Part Number	D472 3RD ROW MANUAL - <u>2011</u>
Engineering Change Level	<u>AB00-E-12323956</u>	Dated	<u>3/3/2010</u>
Additional Engineering Changes	<u>None</u>	Dated	
Safety and/or Government Regulation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Purchase Order No.	Weight (kg) <u>2 Kg.</u>
Checking Aid No.	Checking Aid Engineering Change Level	Dated	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
Windsor Machine & Stamping Inc (2009) <input checked="" type="checkbox"/>		Magna / Ford Motor <input type="checkbox"/>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>7072 Smith Industrial Drive</u>		<u>Barb Evenden / Duane Herring</u>	
Street Address		Buyer / Buyer Code	
<u>McGregor</u> Ontario <u>N0R 1J0</u> Canada		<u>MY2011 D472 3R MANUAL</u>	
City	Region	Postal Code	Country
<b>MATERIALS REPORTING</b>			
Has customer-required Substance of Concern Information been reported? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			
Submitted by IMDS or other Customer format:		<u>13087195/0.1</u>	
Are polymeric parts identified with appropriate ISO marking codes? Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<input checked="" type="checkbox"/> Initial Submission	Change to Optional Construction or Material Supplier or Material Source Change		
<input type="checkbox"/> Engineering Change(s)	Change in Part Process <input checked="" type="checkbox"/>		
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional	Parts Produced at Additional Location <input type="checkbox"/>		
<input type="checkbox"/> Correction of Discrepancy	Other-please specify below		
<input type="checkbox"/> Tooling Inactive > than 1 year			
<b>REQUESTED SUBMISSION LEVEL(Check one)</b>			
Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer			
Level 2 - Warrant with product samples and limited supporting data submitted to customer.			
<input checked="" type="checkbox"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer			
Level 4 - Warrant and other requirements as defined by customer.			
Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufact. location. <input type="checkbox"/>			
<b>SUBMISSION RESULTS</b>			
The results for	dimensional measurements	material & functional tes	appearance criteria
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
These results meet all drawing record requirements: Yes <input type="checkbox"/> No <input type="checkbox"/> (if <input type="checkbox"/> Explanation Required)			
Mold /	City / Production Process	<u>Mechanism Assembly</u>	
<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>DECLARATION</b>			
I affirm <input type="checkbox"/> the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of / hours. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below.			
EXPLANATION/COMMENTS:			
<input type="checkbox"/>			
<input type="checkbox"/>			
Is each Customer Tool Properly tagged and numbered? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>			
Organization Authorized Signature:	<u>[Signature]</u>	Date	<u>Mar. 31/10</u>
Print Name	<u>John Little</u>	Phone No	<u>519-726-0613</u>
		FAX No	<u>519-726-0652</u>
Title	<u>QA Manager</u>	E-mail	<u>jlittle@windsormachine.com</u>
<b>FOR CUSTOMER USE ONLY ( IF APPLICABLE)</b>			
PPAP Warrant Disposition: Approved <input checked="" type="checkbox"/> Rejecter <input type="checkbox"/> Other <input type="checkbox"/>			
Customer Signature	<u>Carmen Tremia</u>	Date:	<u>04/09/2010</u>
Print Name	<u>Carmen Tremia</u>	Customer Tracking Number (Optional)	