



# Part Submission Warrant

Part Name	MY2010 D472 3rd Row Head Restraint	Cust. Part Number	Ford P/N: AUSA-96501B18-CBW / AUSA-96501B19-CBW Magna P/N: D0FA-XXX-76520 / D0FA-XXX-76521
Shown on Drawing No.	AUSA-96501B19-C / AUSA-96501B18-C	Orig Part Number	AUSA-96501B18-CAW / AUSA-96501B19-CAW
Engineering Change Level	CBW (Manual Driver L/H & Manual Pass R/H)	Dated	07/14/2009 Rev / 02/19/2009 Int. Rel
Additional Engineering Changes	Concern # 12254082 <i>AT</i>		Dated
Safety and/or Government Regulation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Purchase Order No.	07-10069 Weight (kg) 2
Checking Aid No.	Checking Aid Engineering Change Level	Dated	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
Windsor Machine & Stamping Inc (2009)		Magna / Ford Motor	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
7072 Smith Industrial Drive		Barb Evenden / Duane Herring	
Street Address		Buyer / Buyer Code	
McGregor Ontario N0R 1J0 Canada		MY2010 D472 3R	
City Region Postal Code Country		Application	
<b>MATERIALS REPORTING</b>			
Has customer-required Substance of Concern information been reported?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Submitted by IMDS or other Customer format:		_____	
Are polymeric parts identified with appropriate ISO marking codes?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<input checked="" type="checkbox"/> Initial Submission	<input type="checkbox"/> Change to Optional Construction or Material		
<input type="checkbox"/> Engineering Change(s)	<input type="checkbox"/> Supplier or Material Source Change		
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional	<input type="checkbox"/> Change in Part Processing		
<input type="checkbox"/> Correction of Discrepancy	<input type="checkbox"/> Parts Produced at Additional Location		
<input type="checkbox"/> Tooling Inactive > than 1 year	<input type="checkbox"/> Other-please specify below		
<b>REQUESTED SUBMISSION LEVEL(Check one)</b>			
<input type="checkbox"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer			
<input type="checkbox"/> 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			
<input type="checkbox"/> Level 4 - Warrant and other requirements as defined by customer.			
<input type="checkbox"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.			
<b>SUBMISSION RESULTS</b>			
The results for <input checked="" type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material & functional tests <input checked="" type="checkbox"/> appearance criteria <input checked="" type="checkbox"/> statistical process package			
These results meet all drawing record requirements:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" Explanation Required)	
Mold / Cavity / Production Process	<u>Mechanism Assembly</u>		
<b>DECLARATION</b>			
I affirm that 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 <b>28 / 1</b> 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: _____			
Is each Customer Tool Properly tagged and numbered?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Organization Authorized Signature:	<u>Michael Vecera</u>	Date	<u>7/17/2009</u>
Print Name	Michael Vecera	Phone No	519-737-7155 ext. 226
		FAX No	519-737-7102
Title	Program Manager	E-mail	<u>mvecera@windsormachine.com</u>
<b>FOR CUSTOMER USE ONLY ( IF APPLICABLE)</b>			
PPAP Warrant Disposition:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____		
Customer Signature	<u>Magna Sealing</u>	Date:	<u>July 17 09</u>
Print Name	<u>Daniel P...</u>	Customer Tracking Number (Optional)	_____

*\* Phase 3 PPAP*



Author: Cathy Devoss/MSE/AIS

Composed: 07/09 03:24 PM

Category: D472

Close

Subject: 2010 D472 Concern C12254082 Authorized 7/7/09

Concern: C12254082 Status: C Concur: \_ Pgm Mgt Auth: A MCC: \_\_\_ ECC: NVP3

Model=>>Year: 10 Fix PPM: N Orig: NB00 BODY COMMODITY FAO

Lead: TVP4 Routing: Y Date: 09/06/24 CDSID: SABDULSA

Other Models: Y Elect Aff: \_ Name: ABDULSAYED, SATTAR

Build Event: PJ1 Homol Aff: N Phone: 313-805-3309

CF: FD \_\_\_ Multimedia: N Default Acty: G099

PIN#: 08T05 \_\_\_\_\_

Description REVISE 3RD ROW MANUAL HEADREST ASSEMBLY

Summary: REVISE CABLE LENGTH AND GAGE POINT FOR LH AND RH ASY

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(MORE)

Prod Aff: D472 MANUAL 3RD ROW SEATS AND POWER SEATS

Plants Aff: \_\_\_\_\_

Supp Docs: A12254513 \_\_\_\_\_

REVISE 3RD ROW MANUAL HEADREST ASSEMBLY

REVISE CABLE LENGTH AND GAGE POINT FOR LH AND RH ASY

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ABDULSAYED, SAT 313-805-3309 N K5330 SABDULSA NB00 09/06/24  
ISSUE BE ADDRESSED IS HR BSR. PER ENGINEERING, CHANGE HAS BEEN CONFIRMED  
W/ BSR TESTING.

RAJAGOPAL, ADIT 8055532 N K5840 AR5320 NB00 09/06/25  
BINNED TO J2 PER CCM.

BATEMAN, BRENDA 845-2511 X1918 N LVCTRMC BB9228 NB00 09/06/29  
ADDED TO J1 PER EMAIL FROM G.SAVIC.

BATEMAN, BRENDA 845-2511 X1918 N LVCTRMC BB9228 NB00 09/06/29  
MOVED BACK TO J1

BATEMAN, BRENDA 845-2511 X1918 N LVCTRMC BB9228 NB00 09/07/01  
APPROVED FOR 0 COSTS FOR D472

SAVIC, GEORGE 313-206-8099 N VC2ENGR GSAVIC3 NB00 09/07/01  
APPROVED FOR 2010 D472 MP2 AT \$0 COST PER ABOVE.

BATEMAN, BRENDA 845-2511 X1918 N LVCTRMC BB9228 NB00 09/07/01  
MOVED TO PJ1 DECK. J1 DECK CLOSED

BATEMAN, BRENDA 845-2511 X1918 N LVCTRMC BB9228 NB00 09/07/06  
REVISE MANUAL AND POWER HEADREST ASM:

1)AS APPROPRIATE, HAVE THE ENGINEERING QUALITY DOCUMENTS  
BEEN UPDATED/REVIEWED W/FUNCTIONAL MANAGEMENT AND ALL  
AFFECTED/INTERFACING/ATTRIBUTE ACTIVITIES INVOLVED? Y

2)IS A PREVENT RECURRENCE ACTION REQUIRED? N/A

3)IS FUNCTIONAL OR ATTRIBUTE TESTING REQUIRED FOR THIS  
CHANGE? N

A)WHAT IS THE FUNCTIONAL TESTING COMPLETION DATE?

MM/DD/YY

B)WHO IS THE LEAD FUNCTIONAL SUPERVISOR FOR THIS CHANGE?

(CDSID)

4)WHAT PO DATE IS REQUIRED TO SUPPORT PPAP PHASE I & II  
TIMING? 07/1/09

5)WHAT ARE THE PPAP PHASE I & II DATES BASED ON THE PO DATE

5)WHAT ARE THE PPAP PHASE I & II DATES BASED ON THE PO DATE

PROVIDED? 07/6/2009 FOR MANUAL, 08/04/2009 FOR POWER

6) WHAT IS THE INTERIM ACTION AND PART AVAILABILITY DATE?  
PRODUCTION CABLE AT REVISED NOMINAL DIMENSIONS.

7)WHAT IS THE REVERT BACK DATE? N/A

8)WHAT IS THE CAD STUDY FILE NAME/LOCATION?

AU5A-96501B18/19 TCE

9)WHO IS THE CAD CONTACT?

KKORMOS1 / KORMOS, KURT / 1-313-8052918

10)WHO IS THE BUYER CONTACT? DHERRING

11)WHO IS THE SUPPLIER?

WMG / M VECERA / 519-796-0504

12) IS INITIAL VERIFICATION COMPLETED? Y

S	Ac	====Part=====	CF	M	CC	G	Piece====	Tooling=	Weight====	UM	=Bld=
_	RP	AU5A 96501B18 BHW	F	Y	N	1	0.00	0	0.000	LB	MP1
_	RP	AU5A 96501B18 CBW	F	Y	N	1	0.00	0	0.000	LB	MP2
_	RP	AU5A 96501B19 CBW	F	Y	N	1	0.00	0	0.000	LB	MP2
_	RP	AU5A 9666912 ADW	C	Y	N	1					
_	RP	AU5A 9666912 BBW	C	Y	N	1					
_	RP	AU5A 9666912 CBW	C	Y	N	1					