



# Part Submission Warrant

Part Name <u>D385 4 Way Foam Pad</u>		Cust. Part Number <u>CA2A-9661178-A</u>	
Shown on Drawing No. <u>CA2A-9661178-A</u>		Orig Part Number <u>CA2A-9661178-A</u>	
Engineering Change Level <u>Initial Release</u>		Dated <u>4-Apr-11</u>	
Additional Engineering Changes <u>N/A</u>		Dated <u>N/A</u>	
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Purchase Order No. _____ Weight (kg) <u>0.1163</u>	
Checking Aid No. <u>22151</u> Checking Aid Engineering Change Level <u>Initial Release</u>		Dated <u>23-May-11</u>	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>Windsor Machine &amp; Stamping (2009) Ltd. (G&amp;R P#3)</u>		<u>Windsor Machine &amp; Stamping (US) Ltd</u>	
Organization Name & Supplier/Vendor Code <u>7085 Smith Industrial Drive</u>		Customer Name / Division <u>Mike Giroux</u>	
Street Address <u>McGregor, ON NOR 1J0 Canada</u>		Buyer / Buyer Code <u>D385 4 Way</u>	
City	Region	Postal Code	Country
<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:		<u>ID# 168605705</u>	
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 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>Foam Bun</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 <u>1</u> / <u>8</u> 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><i>Simon Cheng</i></u>		Date <u>29-Aug-11</u>	
Print Name <u>Simon Cheng</u>	Phone No <u>519-726-4010</u>	FAX No <u>519-726-5368</u>	
Title <u>Quality Manager</u>	E-mail <u>scheng@windsormachine.com</u>		
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other			
Customer Signature <u><i>Mike Jefferson</i></u>		Date: <u>1/27/11</u>	
Print Name <u>Mike Jefferson</u>	Customer Tracking Number (Optional) <u>9005</u>		