



Part Name <b>Bar Formed HR Post</b>		Cust. Part Number <b>1573084</b>	
Shown on Drawing No. <b>1573084</b>		Orig Part Number <b>1573084</b>	
Engineering Change Level <b>3</b>	ECO <b>2851797</b>	Dated <b>22-Feb-08</b>	
Additional Engineering Changes <b>N/A</b>		Dated <b>N/A</b>	
Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Purchase Order No. <b>39005713</b>	Weight (kg) <b>0.5319</b>
Checking Aid No. _____		Checking Aid Engineering Change Level _____	Dated _____
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<b>Windsor Machine &amp; Stamping</b> <b>607396215</b>		<b>Johnson Controls</b>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<b>26855 Northline Road</b>		<b>Annette Walters</b>	
Street Address		Buyer / Buyer Code	
<b>Taylor, Michigan 48180</b>		<b>DCX LC22 2008</b>	
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:		<b>IMDS # 88599079</b>	
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 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 checked="" 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 type="checkbox"/> material & functional tests <input type="checkbox"/> appearance criteria <input 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		<b>Wire Forming</b>	
<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 1500 / 8 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: <b>Ana Chau</b>		Date <b>June 25, 2008</b>	
Print Name <b>Ana Chau</b>	Phone No <b>519-737-7155 ext 242</b>	FAX No <b>519-737-7102</b>	
Title <b>PPAP Co-ordinator</b>	E-mail <b>achau@windsormachine.com</b>		
<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 <b>[Signature]</b>		Date: <b>6-30-08</b>	
Print Name _____	Customer Tracking Number (Optional) _____		

cc: AnnetteL, SherryL