



# Magna Seating

Phase and submission type

Phase 1  Phase 2  Phase 3  Interim (Non-PPAP)

## PPAP Submission Warrant

### PART INFORMATION

Part Name HD RES ASY RR ST SD, LHRH, CLOTH 1T4, XLT Cust. Part Number CJ54-S50108/9-BEW-1T4  
 Shown on Drawing Number CJ54-S5108-ACW Organization Part Number CJ54-S50108/9-BEW-1T4  
 Engineering Change Level E Dated 11/28/2011  
 Additional Engineering Changes N/A Dated \_\_\_\_\_  
 Safety and/or Government Regulation  Yes  No Purchase Order No. \_\_\_\_\_ Weight (kg) 0.822  
 Checking Aid Number C520 2R 12 Checking Aid Engineering Change Level \_\_\_\_\_ Dated \_\_\_\_\_

### ORGANIZATION MANUFACTURING INFORMATION

Windsor Machine and Stamping/ EPK3B  
 Organization Name and Supplier/Vendor Code \_\_\_\_\_  
908 Gach Rd.  
 Street Address \_\_\_\_\_  
Princeton, IN, 47670 United States  
 City Region Postal code Country

### CUSTOMER SUBMITTAL INFORMATION

Magna Seating Novi  
 Customer Name/Division \_\_\_\_\_  
Barb Evenden  
 Buyer/Buyer Code \_\_\_\_\_  
Head Restraints  
 Application \_\_\_\_\_

### MATERIALS REPORTING

Has customer-required Substances of Concern information been reported?  Yes  No

Submitted by IMDS or other customer format IMDS

If submitted by IMDS, enter Module ID number, version and date transmitted 169275360/1.01, 169272628/1.01

Are polymeric parts identified with appropriate ISO marking codes?  Yes  No  n/a

### REASON FOR SUBMISSION (Check at least one)

- Initial submission
- Engineering Change(s)
- Tooling: Transfer, Replacement, Refurbishment, or additional
- Correction of Discrepancy
- Tooling Inactive > than 1 year
- Change to Optional Construction or Material
- Supplier or Material Source Change
- Change in Part Processing
- Parts produced at Additional Location
- Other - please specify below

### REQUESTED SUBMISSION LEVEL (Select one)

- 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.
- 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 supplier's manufacturing location.

### SUBMISSION RESULTS

The results for  dimensional measurements,  material and functional tests  appearance criteria  statistical process package

These results meet all design requirements Mold / Cavity / Production Process(es)  Yes  No (If "No" - Explanation Required)

### DECLARATION

I affirm that the samples represented by this warrant are representative of our parts which were made by a process which meets all Production Part Approval Process Manual 4th Edition requirements including all Ford-specific requirements. I further affirm that these samples were produced at the production rate of 574/2.5hrs 1 documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

EXPLANATION/COMMENTS Approval given pending Seat Complete Harmony review. ✓

Organization Authorized Signature [Signature] Print Name Matt Kelley Date 27-Oct-11  
 Title QA Manager Phone No. 812-385-8180 Fax 812-366-8909 Email mkelley@windsormachine.com

Is each Customer Tool properly tagged and numbered?  Yes  No  n/a

### Capacity Requirements

Source of the Program Approval requirements CPA (Commercial and Program Agreement) Detail / Date 27-Oct-11  
 Program Approval (<PA>) Requirements APW 18384 MPW 22038  
 If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met \_\_\_\_\_ Date \_\_\_\_\_  
 Source of the revised requirements after <PA> \_\_\_\_\_ Detail / Date \_\_\_\_\_  
 Revised requirements after <PA> APW MPW  
 If the revised requirements after <PA> are not met, indicate date when the requirements will be met \_\_\_\_\_ Date \_\_\_\_\_  
 Demonstrated Capacity (recorded in Ford Capacity System (GCP or MCPV) as Purchased Part Capacity)  
 Enter Capacity Analysis Report "Predicted Good Parts per Week" APW, MPW and date APW 18441 MPW 22130 Date 26-Oct-11

### FOR CUSTOMER USE ONLY

PPAP  Non-PPAP

Phased PPAP Warrant Status:  Approved  Rejected  Interim Accepted

SQA Signature	<u>[Signature]</u>
Name	<u>KRISHNA AKHIL</u>
Date	<u>11/29/11</u>

Interim Status (to be completed by the Organization)

Engineering Authorization Alert or Alert Report

Description: (Incomplete PPAP Requirements) \_\_\_\_\_

\* Non-PPAP indicates the part does not satisfy one or more PPAP requirements and is incomplete



# Magna Seating

Phase and submission type  
 Phase 1  Phase 2  Phase 3  Interim (Non-PPAP)

## PPAP Submission Warrant

### PART INFORMATION

Part Name HD RES ASY RR ST SD, LH/RH, CLOTH 6B8, XLT Cust Part Number CJ54-S50108/9-BEW-588  
 Shown on Drawing Number CJ54-S5108-ACW Organization Part Number CJ54-S50108/9-BEW-588  
 Engineering Change Level E Dated 11/28/2011  
 Additional Engineering Changes N/A Dated \_\_\_\_\_  
 Safety and/or Governmental Regulation  Yes  No Purchase Order No. \_\_\_\_\_ Weight (kg) 0.822  
 Checking Aid Number C520 2R 12 Checking Aid Engineering Change Level \_\_\_\_\_ Dated \_\_\_\_\_

### ORGANIZATION MANUFACTURING INFORMATION

Windsor Machine and Stamping/EPK3B  
 Organization Name and Supplier/Vendor Code  
908 Gach Rd.  
 Street Address  
Princeton, IN, 47670 United States  
 City Region Postal code Country

### CUSTOMER SUBMITTAL INFORMATION

Magna Seating Novi  
 Customer Name/Division  
Barb Evenden  
 Buyer/Buyer Code  
Head Restraints  
 Application

### MATERIALS REPORTING

Has customer-required Substances of Concern information been reported?  Yes  No

Submitted by IMDS or other customer format: IMDS

If submitted by IMDS, enter Module ID number, version and date transmitted: 169275360/1.01, 169272828/1.01

Are polymeric parts identified with appropriate ISO marking codes?  Yes  No  n/a

### REASON FOR SUBMISSION (Check at least one)

- |   |  |
|---|--|
| <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                |

### REQUESTED SUBMISSION LEVEL (Select one)

- Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.  
 Level 2 - Warrant with product samples and complete supporting data submitted to customer.  
 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 supplier's manufacturing location.

### SUBMISSION RESULTS

The results for  dimensional measurements,  material and functional tests  appearance criteria  statistical process package  
 These results meet all design requirements  Yes  No (If "No" - Explanation Required)

### DECLARATION

I affirm that the samples represented by this warrant are representative of our parts which were made by a process which meets all Production Part Approval Process Manual 4th Edition requirements including all Ford-specific requirements. I further affirm that these samples were produced at the production rate of 574/2.5hrs  
 documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

EXPLANATION/COMMENTS Approval given pending Seat Complete Harmony review. ✓

Organization Authorized Signature: [Signature] Print Name Matt Kelley Date 27-Oct-11  
 Title QA Manager Phone No. 812-385-8180 Fax: 812-386-8909 Email mkelley@windsormachine.com

Is each Customer Tool properly logged and numbered?  Yes  No  n/a

### Capacity Requirements

Source of the Program Approval requirements CPA (Commercial and Program Agreement) Detail / Date 27-Oct-11  
 Program Approval (<PA>) Requirements APW 18364 MPW 22036  
 If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met \_\_\_\_\_

Source of the revised requirements after <PA> \_\_\_\_\_ Detail / Date \_\_\_\_\_  
 Revised requirements after <PA> APW MPW \_\_\_\_\_

If the revised requirements after <PA> are not met, indicate date when the requirements will be met \_\_\_\_\_  
 Demonstrated Capacity (recorded in Ford Capacity System (GCP or MCPV) as Purchased Part Capacity)  
 Enter Capacity Analysis Report "Predicted Good Parts per Week" APW, MPW and date APW 18441 MPW 22130 Date 26-Oct-11

### FOR CUSTOMER USE ONLY

PPAP  Non-PPAP

Phased PPAP Warrant Status:  Approved  Rejected  Interim Accepted

SQA Signature: [Signature]  
 Name: KRISHNA ARVIL  
 Date: 11/29/11

### Interim Status (to be completed by the Organization)

Engineering Authorization Alert or Alert Report

Description: (Incomplete PPAP Requirements) \_\_\_\_\_

If Non-PPAP indicates the part does not satisfy one or more PPAP requirements and a correction



# Magna Seating

Phase and submission type  
 Phase 1  Phase 2  Phase 3  Interim (Non-PPAP)

## PPAP Submission Warrant

### PART INFORMATION

Part Name HD RES ASY RR ST SD, LH/RH, CLOTH 5B8, XLS Cust. Part Number CJ54-S60108/9-DBW-5B8  
 Shown on Drawing Number CJ54-S5108-ACW Organization Part Number CJ54-S60108/9-DBW-5B8  
 Engineering Change Level B Dated 11/28/2011  
 Additional Engineering Changes N/A Dated \_\_\_\_\_  
 Safety and/or Government Regulation  Yes  No Purchase Order No. \_\_\_\_\_ Weight (kg) 0.822  
 Checking Aid Number C520 2R 12 Checking Aid Engineering Change Level \_\_\_\_\_ Dated \_\_\_\_\_

### ORGANIZATION MANUFACTURING INFORMATION

Windsor Machine and Stamping/ EPK3B  
 Organization Name and Supplier/Vendor Code \_\_\_\_\_  
 Street Address \_\_\_\_\_  
908 Gach Rd.  
 City Princeton, IN, 47670 United States  
 Region Postal code Country

### CUSTOMER SUBMITTAL INFORMATION

Magna Seating Novi  
 Customer Name/Division \_\_\_\_\_  
Barb Evenden  
 Buyer/Buyer Code \_\_\_\_\_  
Head Restraints  
 Application \_\_\_\_\_

### MATERIALS REPORTING

Has customer-required Substances of Concern information been reported?  Yes  No

Submitted by IMDS or other customer format: IMDS

If submitted by IMDS, enter Module ID number, version and data transmitted: 169275360/1.01, 169272828/1.01

Are polymeric parts identified with appropriate ISO marking codes?  Yes  No  n/a

### REASON FOR SUBMISSION (Check at least one)

- |   |  |
|---|--|
| <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                |

### REQUESTED SUBMISSION LEVEL (Select one)

- Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.  
 Level 2 - Warrant with product samples and complete supporting data submitted to customer.  
 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 supplier's manufacturing location.

### SUBMISSION RESULTS

The results for  dimensional measurements,  material and functional tests  appearance criteria  statistical process package  
 These results meet all design requirements  Yes  No (If "No" - Explanation Required)

### DECLARATION

I affirm that the samples represented by this warrant are representative of our parts which were made by a process which meets all Production Part Approval Process Manual 4th Edition requirements including all Ford-specific requirements. I further affirm that these samples were produced at the production rate of 574/2.5hrs  
 documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

### EXPLANATION/COMMENTS

Approval given pending Seat Complete Harmony review.

Organization Authorized Signature [Signature] Print Name Matt Kelley Date 27-Oct-11  
 Title QA Manager Phone No. 812-385-8180 Fax: 812-388-8509 Email mkelley@windsormachine.com

Is each Customer Tool properly tagged and numbered?  Yes  No  n/a

### Capacity Requirements

Source of the Program Approval requirements CPA (Commercial and Program Agreement) Detail / Date 27-Oct-11  
 Program Approval (<PA>) Requirements APW 18364 MPW 22036  
 If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met \_\_\_\_\_ Date \_\_\_\_\_  
 Source of the revised requirements after <PA> \_\_\_\_\_ Detail / Date \_\_\_\_\_  
 Revised requirements after <PA> APW MPW \_\_\_\_\_ Date \_\_\_\_\_  
 If the revised requirements after <PA> are not met, indicate date when the requirements will be met \_\_\_\_\_  
 Demonstrated Capacity (reported in Ford Capacity System (GCP or MCPV) as Purchased Part Capacity)  
 Enter Capacity Analysis Report "Predicted Good Parts per Week" APW, MPW and date APW 18441 MPW 22130 Date 26-Oct-11

### FOR CUSTOMER USE ONLY

PPAP  Approved  Rejected  Interim Accepted

SQA Signature [Signature]  
 Name KRISHNA AKHIL  
 Date 11/29/11

### Interim Status (to be completed by the Organization)

Engineering Authorization Alert or Alert Report

Description: \_\_\_\_\_  
 (Incomplete PPAP Requirements)

1/ Non-PPAP indicates the part does not satisfy one or more PPAP requirements and is incomplete



# Magna Seating

Phase and Submission type  
 Phase 1  Phase 2  Phase 3  Interim (Non-PPAP)

## PPAP Submission Warrant

### PART INFORMATION

Part Name HD RES ASYRR ST SD LHRH, LEATHER LTD, STONE Cust. Part Number CJ54-S50108/9-CEW-1T3  
 Shown on Drawing Number CJ54-S5108-ACW Organization Part Number CJ54-S50108/9-CEW-1T3  
 Engineering Change Level E Dated 11/28/2011  
 Additional Engineering Changes N/A Dated \_\_\_\_\_  
 Safety and/or Government Regulation  Yes  No Purchase Order No. \_\_\_\_\_ Weight (kg) 0.922  
 Checking Aid Number C520 2R 12 Checking Aid Engineering Change Level \_\_\_\_\_ Dated \_\_\_\_\_

### ORGANIZATION MANUFACTURING INFORMATION

Windsor Machine and Stamping/ EPK3B  
 Organization Name and Supplier/Vendor Code \_\_\_\_\_  
 908 Gach Rd.  
 Street Address \_\_\_\_\_  
 Princeton, IN, 47670 United States  
 City Region Postal code Country

### CUSTOMER SUBMITTAL INFORMATION

Magna Seating Novi  
 Customer Name/Division \_\_\_\_\_  
 Barb Evenden  
 Buyer/Buyer Code \_\_\_\_\_  
 Head Restraints  
 Application \_\_\_\_\_

### MATERIALS REPORTING

Has customer-required Substances of Concern Information been reported?  Yes  No  
 Submitted by IMDS or other customer format: IMDS  
 If submitted by IMDS, enter Module ID number, version and data transmitted: 169276360/1.01, 169272828/1.01

Are polymeric parts identified with appropriate ISO marking codes?  Yes  No  n/a

### REASON FOR SUBMISSION (Check at least one)

- Initial submission
- Engineering Change(s)
- Tooling: Transfer, Replacement, Refurbishment, or additional
- Correction of Discrepancy
- Tooling Inactive > than 1 year
- Change to Optional Construction or Material
- Supplier or Material Source Change
- Change in Part Processing
- Parts produced at Additional Location
- Other - please specify below

### REQUESTED SUBMISSION LEVEL (Select one)

- Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.
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- 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 supplier's manufacturing location.

### SUBMISSION RESULTS

The results for  dimensional measurements,  material and functional tests  appearance criteria  statistical process package  
 These results meet all design requirements  Yes  No (If "No" - Explanation Required)

### DECLARATION

I affirm that the samples represented by this warrant are representative of our parts which were made by a process which meets all Production Part Approval Process Manual 4th Edition requirements including all Ford-specific requirements. I further affirm that these samples were produced at the production rate of 674/2.5hrs  
 documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

EXPLANATION/COMMENTS Approval given pending Seat Complete Harmony review. ✓

Organization Authorized Signature [Signature] Print Name Matt Kelley Date 27-Oct-11  
 Title QA Manager Phone No. 812-385-8180 Fax 812-386-8909 Email mkelley@windsormachine.com

Is each Customer Tool properly logged and numbered?  Yes  No  n/a

### Capacity Requirements

Source of the Program Approval requirements CPA (Commercial and Program Agreement) Detail / Date 27-Oct-11  
 Program Approval (<PA>) Requirements APW 18364 MPW 22036  
 If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met Date: \_\_\_\_\_  
 Source of the revised requirements after <PA> \_\_\_\_\_ Detail / Date \_\_\_\_\_  
 Revised requirements after <PA> APW MPW \_\_\_\_\_  
 If the revised requirements after <PA> are not met, indicate date when the requirements will be met Date: \_\_\_\_\_  
 Demonstrated Capacity (recorded in Ford Capacity System (GCP or MCPV) as Purchased Part Capacity)  
 Enter Capacity Analysis Report "Predicted Good Parts per Week" APW, MPW and date APW 18411 MPW 22130 Date 26-Oct-11

FOR CUSTOMER USE ONLY

PPAP  Approved  Rejected  Interim Accepted

Phased PPAP Warrant Status:  Approved  Rejected  Interim Accepted

SQA Signature [Signature]  
 Name KRISHNA AKHIL  
 Date 11/29/11

Interim Status (to be completed by the Organization)

Engineering Authorization Alert or Alert Report

Description: (Incomplete PPAP Requirements) \_\_\_\_\_

\* If Non-PPAP indicates the part does not satisfy one or more PPAP requirements and is incomplete



# Magna Seating

Phase and submission type:  
 Phase 1  Phase 2  Phase 3  Interim (Non-PPAP)  
**PPAP Submission Warrant**

**PART INFORMATION**

Part Name HD RES ASY RR ST SD RHLH, LEATHER LTD, BLK Cust. Part Number CJ54-S60108/9-CEW-588  
 Shown on Drawing Number CJ54-S6108-ACW Organization Part Number CJ54-S60108/9-CEW-588  
 Engineering Change Level E Dated 11/28/2011  
 Additional Engineering Changes N/A Dated \_\_\_\_\_  
 Safety and/or Government Regulation  Yes  No Purchase Order No. \_\_\_\_\_ Weight (kg) 0.822  
 Checking Aid Number C520 2R 12 Checking Aid Engineering Change Level \_\_\_\_\_ Dated \_\_\_\_\_

**ORGANIZATION MANUFACTURING INFORMATION**  
Windsor Machine and Stamping/ EPK3B  
 Organization Name and Supplier/Vendor Code \_\_\_\_\_  
908 Gach Rd.  
 Street Address \_\_\_\_\_  
Princeton, IN, 47670 United States  
 City Region Postal code Country

**CUSTOMER SUBMITTAL INFORMATION**  
Magna Seating Novi  
 Customer Name/Division \_\_\_\_\_  
Barb Evenden  
 Buyer/Buyer Code \_\_\_\_\_  
Head Restraints  
 Application \_\_\_\_\_

**MATERIALS REPORTING**

Has customer-required Substances of Concern information been reported?  Yes  No  
 Submitted by I/MDS or other customer format: I/MDS  
 If submitted by I/MDS, enter Module ID number, version and date transmitted: 169275360/1.01, 169272828/1.01

Are polymeric parts identified with appropriate ISO marking codes?  Yes  No  N/A

**REASON FOR SUBMISSION** (Check at least one)

<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

**REQUESTED SUBMISSION LEVEL** (Select one)

Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.  
 Level 2 - Warrant with product samples and complete supporting data submitted to customer.  
 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 supplier's manufacturing location.

**SUBMISSION RESULTS**

The results for  dimensional measurements,  material and functional tests  appearance criteria  statistical process package  
 These results meet all design requirements  Yes  No (If "No" - Explanation Required)

**DECLARATION**

I affirm that the samples represented by this warrant are representative of our parts which were made by a process which meets all Production Part Approval Process Manual 4th Edition requirements including all Ford-specific requirements. I further affirm that these samples were produced at the production rate of 574/2.5hrs  
 documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

**EXPLANATION/COMMENTS** Approval given pending Seal Complete Harmony review.

Organization Authorized Signature [Signature] Print Name Matt Kelley Date 27-Oct-11  
 Title QA Manager Phone No. 812-385-8180 Fax: 812-388-8909 Email mkelley@windsormachine.com

Is each Customer Tool properly tagged and numbered?  Yes  No  N/A

**Capacity Requirements**

Source of the Program Approval requirements CPA (Commercial and Program Agreement) Detail / Date 27-Oct-11  
 Program Approval (<PA>) Requirements APW 18364 MPW 22036  
 If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met Date \_\_\_\_\_

Source of the revised requirements after <PA> \_\_\_\_\_ Detail / Date \_\_\_\_\_  
 Revised requirements after <PA> APW \_\_\_\_\_ MPW \_\_\_\_\_  
 If the revised requirements after <PA> are not met, indicate date when the requirements will be met Date \_\_\_\_\_

**Demonstrated Capacity (recorded in Ford Capacity System (GCP or MCPV) as Purchased Part Capacity)**  
 Enter Capacity Analysis Report "Predicted Good Parts per Week" APW, MPW and date APW 18441 MPW 22130 Date 26-Oct-11

**FOR CUSTOMER USE ONLY**

PPAP  Non-PPAP

Phased PPAP Warrant Status:  Approved  Rejected  Interim Accepted

SOA Signature	<u>[Signature]</u>
Name	<u>KRISHNA ANIL</u>
Date	<u>11/29/11</u>

**Interim Status**  
 (to be completed by the Organization)

Engineering Authorization Alert or Alert Report

Description: (Incomplete PPAP Requirements) \_\_\_\_\_

If Non-PPAP involves the part does not satisfy one or more PPAP requirements and is incomplete