



Part Name	Hanger - Exhaust		Cust. Part Number	2327-1		
Shown on Drawing No.	2327-1		Orig Part Number	2327-1		
Engineering Change Level	Initial Release		Dated	17-Apr-07		
Additional Engineering Changes	N/A		Dated	N/A		
Safety and/or Government Regulation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No.	13543		
			Weight (kg)	0.702		
Checking Aid No.	3503-1	Checking Aid Engineering Change Level	Release	Dated	14-May-07	
Checking Aid No.	3503-2	Checking Aid Engineering Change Level	Release	Dated	14-May-07	
ORGANIZATION MANUFACTURING INFORMATION			CUSTOMER SUBMITTAL INFORMATION			
Windsor Machine & Stamping 607396215			Flexible Products Co.			
Organization Name & Supplier/Vendor Code			Customer Name / Division			
28855 Northline Road			Ron			
Street Address			Buyer / Buyer Code			
Taylor, Michigan 48180			Application			
City	Region	Postal Code	Country			
MATERIALS REPORTING						
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:			Flexible responsible for IMDS			
Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 (Check one)						
<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.					
SUBMISSION RESULTS						
The results for <input checked="" type="checkbox"/> dimensional measurements <input checked="" 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			Head / Cone / Coin & Pierce / Stamp / Bend			
DECLARATION						
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 2800 / 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: Ana R Chau			Date: July 26/07			
Print Name	Ana Chau	Phone No	519-737-7155 ext 242	FAX No	519-737-7102	
Title	PPAP Co-ordinator E-mail: achau@windsormachine.com					
FOR CUSTOMER USE ONLY (IF APPLICABLE)						
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other						
Customer Signature: <i>[Signature]</i>					Date:	8.22.07
Print Name	DAVID LESLIE		Customer Tracking Number (Optional)			

Attention: Beth M, Annette L