



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

PPAP Submission Warrant

PART INFORMATION

Part Name D258 4-WAY HEADRESTRAINT Cust. Part Number CG2A-96611E24-A
 Shown on Drawing Number CG2A-96611E24-A Organization Part Number CG2A-96611E24-A
 Engineering Change Level 1 Dated 2-Apr-11
 Additional Engineering Changes _____ Dated _____
 Safety and/or Government Regulation Yes No Purchase Order No. 288502 Weight (kg) _____
 Checking Akl Number _____ Checking Akl Engineering Change Level _____ Dated _____

ORGANIZATION MANUFACTURING INFORMATION

Windsor Machine & Stamping (US) Ltd
 Organization Name and Supplier/Vendor Code _____
 26655 Northline Road
 Street Address _____
 Taylor MI 48180 U.S.
 City Region Postal code Country

CUSTOMER SUBMITTAL INFORMATION

Lear Hammond
 Customer Name/Division _____
 Buyer/Buyer Code _____
 D258 Headrest
 Application _____

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? Yes No
 Submitted by IMDS or other customer format: _____
 If submitted by IMDS, enter Module ID number, version and date transmitted 182147903 / 0.01

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 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 _____ / _____ hours using _____ production streams. I also certify that documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

EXPLANATION/COMMENTS

Organization Authorized Signature Beth Muse Print Name Beth Muse Date 8-Dec-11
 Title Quality Manager Phone No. 734-941-7320 Fax: 734-941-6208 Email bmuse@windsormachine.com

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

Capacity Requirements

Source of the Program Approval requirements _____ Detail / Date _____
 Program Approval (<PA>) Requirements APW _____ MPW _____
 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 _____ MPW _____ Date _____

FOR FORD USE ONLY

PPAP Non-PPAP

Phased PPAP Warrant Status: Approved Rejected Interim Accepted

STA Signature	Name
Date	e-mail
P.D. Signature	Name
Date	e-mail

If Non-PPAP indicates the part does not satisfy one or more PPAP requirements and is completed by P.D. signature for Interim Approval on GPOD program.

Interim Status
 (to be completed by the Organization)

Engineering Authorization Alert or Alert Report

Description: (Incomplete PPAP Requirements) _____

Customer Tracking Number (optional) 6053