



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-AB
 Shown on Drawing Number CG2A-96611E24-A Organization Part Number CG2A-96611E24-A
 Engineering Change Level 2 Dated 21-Sep-11
 Additional Engineering Changes AB00 E 12479379 000 Dated 9/21/2011
 Safety and/or Government Regulation Yes No Purchase Order No. 208502 Weight (kg) 1.0356
 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 _____
 Mike Jefferson
 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 162147803 / 0.01

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 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)

Mod / Cavity / Production Process(es) _____

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 2000 / 16 hours using 1 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: 734-941-6209 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 (IGCP 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:	<input checked="" type="radio"/> Approved	<input type="radio"/> Rejected	<input type="radio"/> Inform Accepted
STA Signature	<u>[Signature]</u>	Name	_____
Date	_____	e-mail	_____
P.D. Signature	<u>[Signature]</u>	Name	_____
Date	<u>11/28/12</u>	e-mail	_____

1/ Non-PPAP indicates the part does not satisfy one or more PPAP requirements and is exempted
 2/ PD signature for Priority Support or GDS programs

Interim Status
 (to be completed by the Organization)

Engineering Authorization Alert or Alert Report

Description: (Incomplete PPAP Requirements) _____

Customer Tracking Number (optional) 6053



Part Name <u>D258 4 Way Foam Pad</u>		Cust. Part Number <u>CG2A-9661178-AA</u>	
Shown on Drawing No. <u>CG2A-9661178-AA</u>		Orig Part Number <u>CG2A-9661178-AA</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>22152</u>		Checking Aid Engineering Change Level <u>Initial Release</u> Dated <u>23-May-11</u>	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping (2009) Ltd. (G&R P#3)</u>		<u>Windsor Machine & Stamping (US) Ltd</u>	
Organization Name & Supplier/Vendor Code		Customer Name / Division	
<u>7085 Smith Industrial Drive</u>		<u>Mike Giroux</u>	
Street Address		Buyer / Buyer Code	
<u>McGregor, ON</u>		<u>D258 1st Row 4 Way Bun</u>	
<u>NOR 1J0</u> Canada		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:		<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			
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 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>	
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 _____ / 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: <u><i>Simon Cheng</i></u>		Date <u>8-Dec-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>1/28/12</u>	
Print Name <u>Mike Jefferson</u>	Customer Tracking Number (Optional) <u>60521</u>		