

309623



Part Submission Warrant

Part Name	CLUTCH HOUSING	Customer Part Number	250.0.3313.20
Shown on Drawing No.	250.0.3313.20	Organization Part #	
Engineering Change Level	Final Index 'e'	Dated	23-mar-15
Additional Engineering Changes		Dated	
Safety and/or Government Regulation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No.	
Checking Aid No.		Weight (kg)	9.2
Checking Aid Engineering Change Level		Dated	

ORGANIZATION MANUFACTURING INFORMATION
GETRAG MODUGNO

Organization Name & Supplier/Vendor Code
VIA DEI CICLAMINI N°4

Street Address
MODUGNO BARI 70026 ITALY

City Region Postal Code Country

CUSTOMER SUBMITTAL INFORMATION
Renault

Customer Name/Division
Renault

Buyer/Buyer Code
TYP 250

Application

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported?
 Yes No n/a
Submitted by IMDS or other customer format:

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

REASON FOR SUBMISSION (Check at least one)

<input type="checkbox"/> Initial Submission	<input type="checkbox"/> Change to Optional Construction or Material
<input checked="" 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)

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 organization's manufacturing location.

SUBMISSION RESULTS

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

These results meet all drawing and specification requirements: Yes NO (If "NO" - Explanation Required)

Mold / Cavity / Production Process _____

DECLARATION

I hereby 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 6 / 1 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: CR 36123 TR1 AND TR2 MACHINING DIMENSIONAL ADDED.

SRGA B 72261 OUTBREAK AREA AND PIN BROKEN.

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

Organization Authorized Signature _____ Date **23-mar-15**

Print Name **Dario tursi** Phone No. **3939814554** Fax No. 080 5858304

Title **GPS3 Leader** E-mail **dario.tursi@getrag.com**

FOR CUSTOMER USE ONLY (IF APPLICABLE)

Part Warrant Disposition: Approved Rejected Other

Customer Signature _____ Date **23-mar-15**

Print Name _____ Customer Tracking Number (optional) _____

SUPPLIER CHANGE / DEVIATION REQUEST
Änderungs- / Bauabweichungsantrag



Change / Deviation No. B 72261
 Änderungs- / Bauabweichungsnummer

Issue date: 03-December-2014
 Ausgestellt am:

STATUS
 21-January-2015
 Approved

and part / product	SUPPLIER Druckguss Heldenau GmbH	
	MANUFACTURING SITE CODE 91024029	
	PART NAME AND PART NUMBER OF ASSEMBLY AND ITS COMPONENTS Clutch Housing raw part 250.0.3313.95	
	AFFECTED GETRAG PRODUCTS or PROGRAMS 250 Renault	
	Manufacturing Process Change <input checked="" type="checkbox"/> Heat Treat affected? <input type="checkbox"/> Special Characteristics affected? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Change Type	Product Design Change: Supplier-initiated design change <input type="checkbox"/>	Material Changed? <input checked="" type="checkbox"/>
	DEVIATION Request to ship non-conforming parts to GETRAG	Quantity or Change Request: 500
	Site/location change: INDICATE TYPE OF SITE/LOCATION CHANGE	New Site: Name, Location, Code
	<input type="checkbox"/> SITE CHANGE OF TIER 1 OR OF GETRAG-DIRECTED SUB SUPPLIER <input type="checkbox"/> SITE CHANGE OF SHIP POINT <input type="checkbox"/> SITE CHANGE OF NON GETRAG-DIRECTED SUB SUPPLIERS	
	SUB-SUPPLIER or GETRAG-DIRECTED SUB SUPPLIER Change Request? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DESCRIPTION OF CHANGE / DEVIATION: OUTBREAK AREA AND PIN BROKEN - SEE PHOTOS AND X-RAY PICTURES ATTACHMENT 1	AFFECTED GETRAG PLANT(S) Bad Windsheim and Bari SAP-Nr. 584635
	CORRECTIVE ACTION: REPAIR MOULD BEFORE THE NEXT CASTING BATCH	

Supplier: Complete the following Change Implementation Plan

	YES/NO	Required Date	Responsible	Comments
Change Implementation Plan, applicable to all changes, directed by GETRAG STA / PD Engineering	Supplier Layout/Detail/Assy. Drawings	<u>no</u>		
	Component tolerance stack-up	<u>no</u>		
	Supplier engineering specification	<u>no</u>		
	Material Specification incl. IMDS update	<u>no</u>		
	Supplier Design FMEA	<u>no</u>		
	Supplier DV Test(s)	<u>no</u>		
	Supplier Software update (incl. interface)	<u>no</u>		
	Process Flow Chart	<u>no</u>		
	Supplier Process FMEA	<u>no</u>		
	Control Plan	<u>no</u>		
	Process Information/Operator Instructions	<u>no</u>		
	Process and/or Gauge Capability	<u>no</u>		
	Sub-Supplier Effect	<u>no</u>		
	Logistics: Packaging / Shipping	<u>no</u>		
	Tooling revisions/movement	<u>no</u>		
	Facility changes	<u>no</u>		
	PPAP Submission Level	<u>no</u>		
Functional Check at GETRAG Plant	<u>no</u>			

All items listed above must be reviewed when developing the change implementation plan. I affirm that the above and any attached information fully describe the proposed change. No changes will be implemented without GETRAG Approval.

Name: Steffen Bischoff	Title: 1/QS	Phone: 03529 588 350	e-mail: steffen.bischoff@dgh-group.de
Signature	Proposed Implementation date of the change:		Tier 1 approval of sub tier change request

SUPPLIER CHANGE / DEVIATION REQUEST
Änderungs- / Bauabweichungsantrag

GETRAG
SRGA

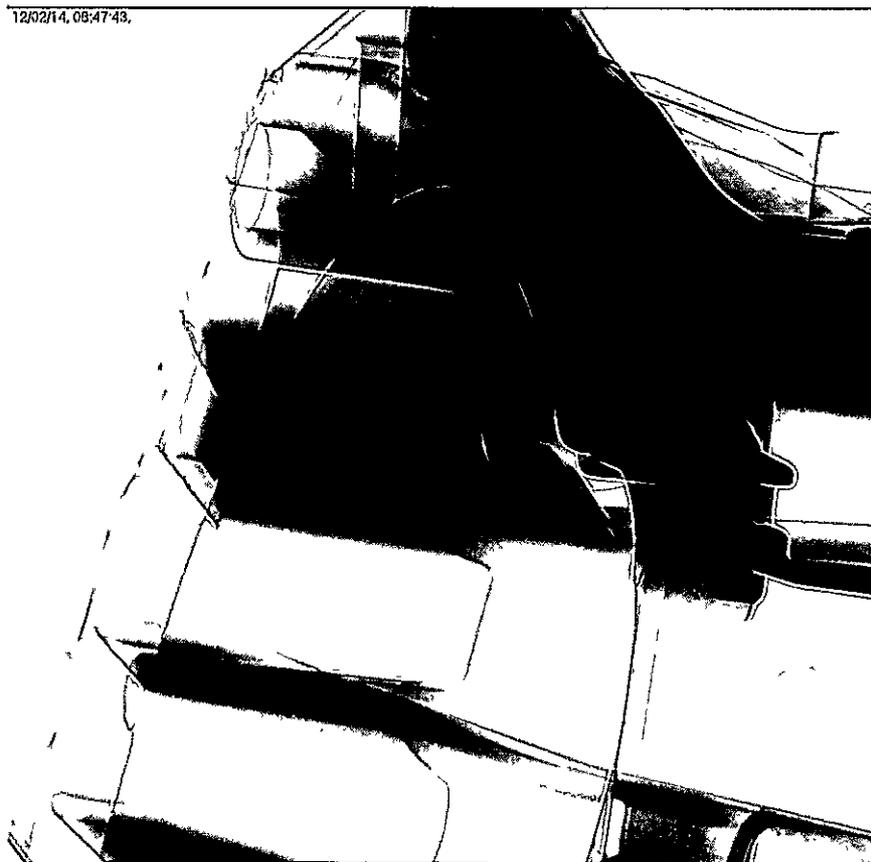
Change / Deviation No. B 72261
Änderungs- / Bauabweichungsnummer

Issue date: 03-December-2014
Ausgestellt am:

STATUS
21-January-2015
Approved



12/02/14, 08:47:43.



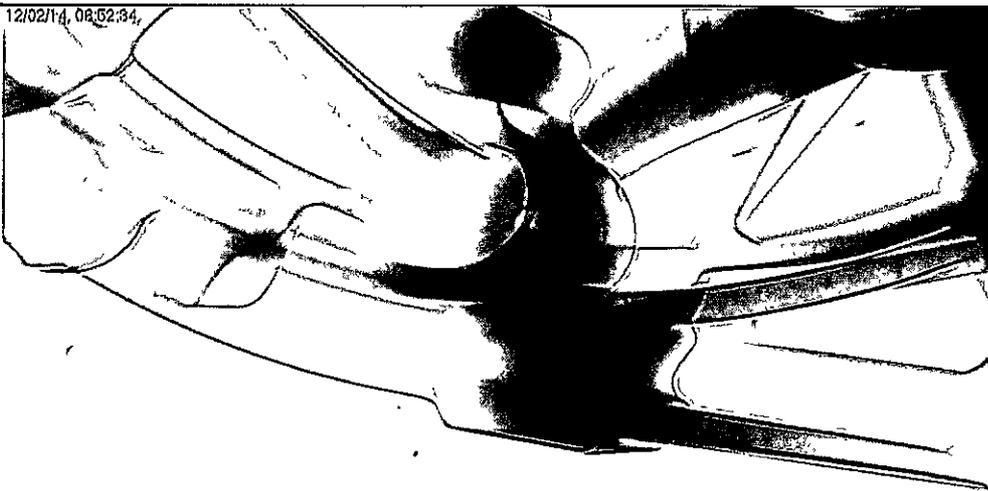
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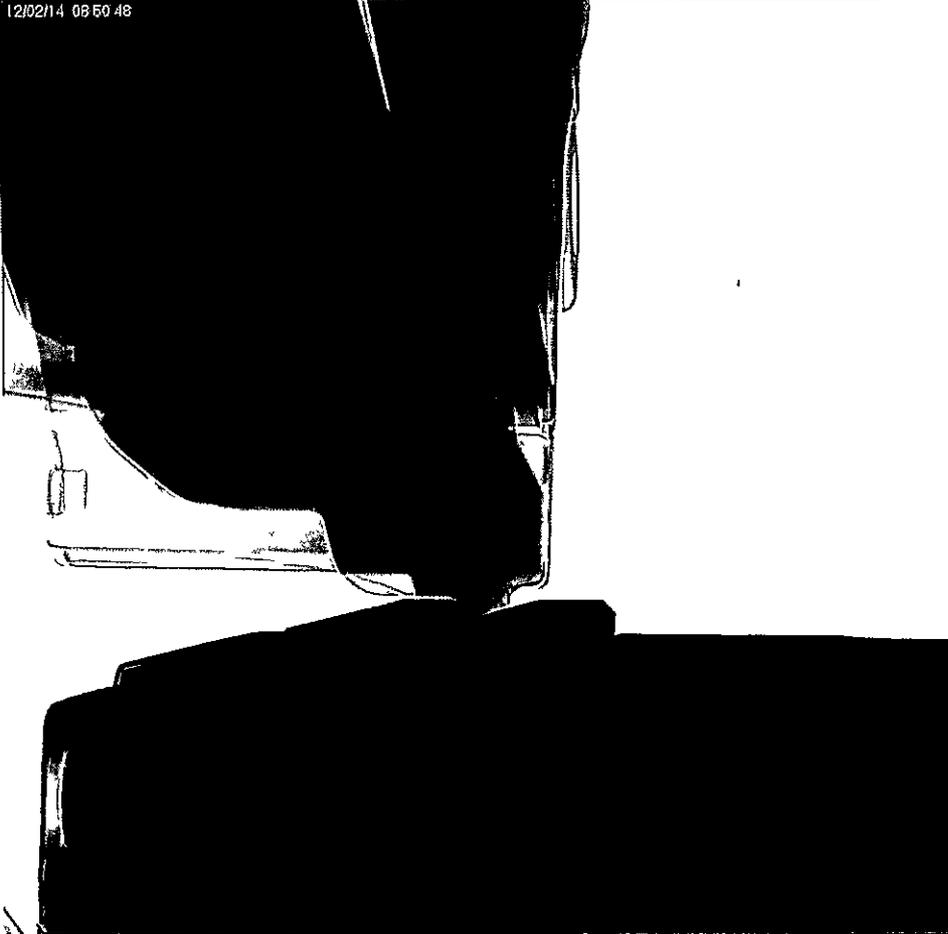
Change / Deviation No. B 72261
Änderungs- / Bauabweichungsnummer

Issue date: 03-December-2014
Ausgestellt am:

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21-January-2015
Approved



12/02/14 08:50:48



SUPPLIER CHANGE / DEVIATION REQUEST
Änderungs- / Bauabweichungsantrag



Change / Deviation No. B 72261
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SRGA Form – Approvals

GETRAG approvals for changes affecting production parts (including deviation)			
Parts without Critical Characteristics	Purchasing	Product Development Engineering	Receiving GETRAG Plant
	STA/SQA Engineer	Design and Release Engineer / Manager Component	PD Resident Engineer (Plant)
	PRINT NAME SIGNATURE DATE Jakob Approved 03.12.2014	PRINT NAME SIGNATURE DATE L. Santoro Approved 12.01.2015 G. Oscuro Approved 12.01.2015	PRINT NAME SIGNATURE DATE N. Achille Approved 12.01.2015 P. Volkert Approved 04.12.2014
	Negative cost effect for GETRAG identified? <input type="checkbox"/> YES x NO If YES, rejection recommended <input type="checkbox"/> (please state below)	Design and Release Manager Component	Plant Quality Manager
Buyer (only for non-design related changes)	Program Engineering Supervisor System	Plant Logistic Manager	
PRINT NAME SIGNATURE DATE	PRINT NAME SIGNATURE DATE	PRINT NAME SIGNATURE DATE	
Additional approval required if Critical Characteristics (C, A, Inverted delta (∇)) are affected			
STA/SQA Manager	Chief Program Engineer System	Customer Approval (attached)	
PRINT NAME SIGNATURE DATE T. Lucchese Approved 03.12.2014	PRINT NAME SIGNATURE DATE	COMPANY NAME: REPRESENTATIVE NAME: APPROVAL DATE:	
Additional GETRAG approvals as needed for changes affecting material			
For changes affecting heat treat		For material changes	
Heat Treat Process Specialist		Materials Engineer	
PRINT NAME SIGNATURE DATE	PRINT NAME SIGNATURE DATE		

Reason for rejection or qualifying condition(s) of acceptance (for example, recommended GETRAG plant functional trials)
(*) 19.01.2015 P. Lucchese: Approved in case of machining in Bari.