

CHANGE NOTIFICATION FORM

All changes require prior notification and approval by Carling Technologies. This document assists Carling Technologies to assess risk and ensure that the validation of change to reduce/eliminate risks to Carling Technologies and its customers.

Type of Change:

Intended Date of Proposed Change: _____

Change Request Submitted Date: _____

Carling Technologies Part Number & Revision Number: _____

Description of Part: _____

From the list below, select the appropriate category of change and provide risk analysis, validation and other supporting documents to Carling Technologies. Once the changes are reviewed, Carling Technologies will contact the supplier for further information and/or provide notification for the changes to be initiated. No changes are allowed without prior written approval from Carling Technologies. Types of Proposed Changes are:

1. Raw Material including
Change of source:
2. Tooling Changes:
3. Equipment Changes:
4. Location Changes:
5. Equipment Location Changes:
6. Manufacturing Supply Chain Changes:
7. Re-initiating of inactive tooling:
8. Inspection/Testing Change:
9. Product Appearance Change:
10. Product Attribute Change:
11. Part Obsolete/Replacement:
12. Process Improvement:
13. If None of the above applies: _____

Based on the classification chosen above, please provide detailed explanation of the change:

Based on the proposed change please provide the validation plan:

Name: _____

Date: _____

Please specify attachment appended to this document:

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TO BE COMPLETED BY CARLING CHANGE MANAGEMENT REVIEWER

In an event the form is incomplete, or additional information is required please specify the information required:

PPCN Number Assigned: _____

Reviewer: _____

Date: _____