

Supplier Change Request

Supplier Name									
Submit Date									
Product(s) Affected		List all Shawmut Part Numbers (attach additional page if necessary)							
Requested By									
Shawmut Facility Affected <small>Select ALL that apply</small>									
<input type="checkbox"/>	West Bridgewater, MA	<input type="checkbox"/>	Clinton, TN	<input type="checkbox"/>	Silao, MX	<input type="checkbox"/>	Shawmut China	<input type="checkbox"/>	Tijuana, MX
<input type="checkbox"/>	Port Huron, MI	<input type="checkbox"/>	Lugoff, SC	<input type="checkbox"/>	Krupka, CR	<input type="checkbox"/>	Park Avenue, NC	<input type="checkbox"/>	Middleton, NY
Type of Change (select all that apply)									
<input type="checkbox"/>	Change to Sub-supplier				<input type="checkbox"/>	Change to Bill of Materials (BOM)			
<input type="checkbox"/>	Add / Change Manufacturing Location				<input type="checkbox"/>	Change to approved process			
<input type="checkbox"/>	New / Modified Equipment				<input type="checkbox"/>	Change to Specification / Properties / Appearance			
<input type="checkbox"/>	Move production to different manufacturing equipment (other than PPAP approved)				<input type="checkbox"/>	Other (describe fully)			
Reason for Change <small>Select ALL that apply</small>									
<input type="checkbox"/>	Compliance		<input type="checkbox"/>	Safety					
<input type="checkbox"/>	Cost Savings		<input type="checkbox"/>	Corrective Action					
<input type="checkbox"/>	Productivity		<input type="checkbox"/>	Business Opportunity					
<input type="checkbox"/>	Performance		<input type="checkbox"/>	Other (describe clearly):					
<input type="checkbox"/>	Quality								
Request Description <small>Describe the change being requested. Be as specific as possible. If appropriate include technical details, diagrams and a "before & after" description</small>									
Reason for Request <small>Describe reason and purpose of request. Explain the impact of the change including RISK and BENEFIT</small>									
Current State <small>Document the current state</small>									
Desired State <small>Document the desired state</small>									
Shawmut Price Impact (include updated quotation):									
Time to Implement:									
SWOT Analysis									
Strength (Internal)									
Weakness (Internal)									
Opportunity (External)									
Threat (External)									

This form is to be completely filled out and provided to your Shawmut contact PRIOR to making any changes at your facility. All changes must be approved by Shawmut and incomplete information will delay this process.

Authorized Shawmut Representative: _____

Date: _____

APPROVED / REJECTED