

APQP/PPAP

WORKBOOK V4.0

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Part Name	Polyester cloth tape
Customer Part Number	1810A-19MMX30M
Original Part Number	146692 - 1810A 19MMx30M
Shown on Drawing Number	Rev.R
Engineering Change Level	ES-AC3T-1A303-AA
Engineering Change Level Date	Jan-2017
IMDS code	784340599
Supplier Name	SCAPA ITALIA SPA
Supplier Code	n.a.
Street Address	Via Vittorio Emanuele II, 27
City	GHISLARENGO
State	ITALY
Zip	13030
Phone Number	+39 0161 867311
Customer Name	NURSAN
Division	
Application	Harnessing
Date	19/11/2018

For sales and technical support contact AIAG at 1-248-358-3570

THE FOLLOWING LEVELS OF DOCUMENTS WERE USED TO PREPARE THIS WORKBOOK.

DOCUMENT	EDITION	PRINTING
ADVANCED PRODUCT QUALITY PLANNING AND CONTROL PLAN REFERENCE MANUAL	First	feb-95
MEASUREMENT SYSTEM ANALYSIS	Third	mar-02
POTENTIAL FAILURE MODE AND EFFECTS ANALYSIS	Third	apr-01
PRODUCTION PART APPROVAL	Fourth	mar-06

<u>SIGNATURE</u> I. S. Mng	<u>TITLE</u> I.S.Mng	<u>DATE</u> 19/11/2018
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Part Submission Warrant

Part Name	<u>Polyester cloth tape</u>	Cust. Part Number	<u>1810A-19MMX30M</u>
Shown on Drawing Number	<u>Rev.R</u>	Orig. Part Number	<u>146692 - 1810A 19MMx30M</u>
Engineering Change Level	<u>ES-AC3T-1A303-AA</u>	Dated	<u>Jan-2017</u>
Additional Engineering Changes	<u></u>		
Safety and/or Government Regulation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Purchase Order No.	<u></u> Weight (kg) <u></u>
Checking Aid Number	<u></u> Checking Aid Eng. Change Level	<u></u>	Dated <u></u>

ORGANIZATION MANUFACTURING INFORMATION**CUSTOMER SUBMITTAL INFORMATION**

SCAPA ITALIA SPA n.a.
 Organization Name & Supplier/Vendor Code
Via Vittorio Emanuele II, 27
 Street Address
GHISLARENGO 13030 ITALY
 City Region Postal Code Country

NURSAN
 Customer Name/Division

 Buyer/Buyer Code
Harnessing
 Application

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? ☐ Yes ☐ No ☒ n/a
 Submitted by IMDS or other customer format: 784340599

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"/> Sub-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 |

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 design record requirements: ☒ Yes ☐ NO (If "NO" - Explanation Required)
 Mold / Cavity / Production Process

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 -----/----- hours. I also certify that documented evidence of such compliance is on file and available for your review. I have noted any deviation from this declaration below.

EXPLANATION/COMMENTS: The reference is conform to European Directives: 2000/53/CE, 2011/65/CE, 2012/19/CE, 2003/11/CE, 2006/122/CE and complies to REACH regulation

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

Organization Authorized Signature *Ignazio Giordano* Date 19/11/2018
 Print Name Ignazio Giordano Phone No. +39 0161 867311 Fax No. + 39 0161 860503
 Title Integrated System Manager E-mail ignazio.giordano@scapa.com

FOR CUSTOMER USE ONLY (IF APPLICABLE)

PPAP Warrant Disposition: ☐ Approved ☐ Rejected ☐ Other
 Customer Signature Date
 Print Name Customer Tracking Number (optional)