

**Supplier Change Request**

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