

**Section 1 - To be completed by Supplier**

**General**

Supplier: _____ Address: _____ _____ Date of Request: _____	Supplier Contact: _____ Phone Number: _____ Fax Number: _____ Email: _____
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**Request for change**

Change Type:

<input type="checkbox"/> Material	<input type="checkbox"/> Process	<input type="checkbox"/> Inspection/Test	<input type="checkbox"/> Product	<input type="checkbox"/> Facility	<input type="checkbox"/> Supplier
<input type="checkbox"/> Equipment	<input type="checkbox"/> Packaging	<input type="checkbox"/> Mfg's Part Number	<input type="checkbox"/> Other _____		

IR Plant(s) affected	Annual Spend
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IR Part Number:	Revision:
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Part Description:

Reason for Change: \_\_\_\_\_ IR's Request?  Yes  No

Description of Change:

Supplier Attachments  Drawing  Data  Samples

Identify Impact of the proposed change:

Product Impact:  NONE  Form / Fit / Function  Reliability  Part Cost:\$\_\_\_\_\_

Packaging  Other \_\_\_\_\_

Proposed Change Effective Date *(NOTE: Changes shall not be implemented prior to the receipt of written approval from IR).* :

Proposed First Lot Number Affected:

Validation/Qualification Plan with Target Date:

**Section 2 - To be completed by International Rectifier**

Additional Data Required from Supplier	
<input type="checkbox"/> None	_____
<input type="checkbox"/> Drawing / Design Records	_____
<input type="checkbox"/> Process Flow Diagram	_____
<input type="checkbox"/> Systems Risk Assessment	_____
<input type="checkbox"/> Process FMEA	_____
<input type="checkbox"/> Dimensional Results	_____
<input type="checkbox"/> Material Test Results	_____
<input type="checkbox"/> Material Certifications	_____
<input type="checkbox"/> Performance Test Results	_____
<input type="checkbox"/> Capability Studies	_____
<input type="checkbox"/> Measurement System Analysis	_____
<input type="checkbox"/> Process Control Plan	_____
<input type="checkbox"/> Sample Product	_____
<input type="checkbox"/> Other	_____

**Evaluation Summary:**

  
  
  
  
  
  
  
  
  
  

Disposition:					
<input type="checkbox"/> Approved			<input type="checkbox"/> Rejected		
	Signature	Date		Signature	Date
Purchasing			Supplier Development		
Process Eng.			Product Eng.		
Supplier Quality			Plant Quality		

Change Implementation Date: \_\_\_\_\_ Supplier Reference: \_\_\_\_\_

Supplier Signature: \_\_\_\_\_