

Supplier Change Request (SCR)



IMPORTANT NOTE: Please submit this form to your Generac buyer or SQE (Supplier Quality Engineer). Supplier is to only complete the upper section of this form.

Supplier Information		Supplier Contact Information	
Request Date:		Contact Full Name:	
Supplier Number:		Contact Title:	
Supplier Complete Name:		Contact Phone Number:	
		Contact Email Address:	

Supplier Part Information	
Part Number(s) affected:	Part Revision Level (alpha letter):
Part Description:	

Supplier Purchase Order Information ~ when applicable	
Purchase Order Number:	Purchase Order Quantity:

Supplier please check all boxes of design or manufacturing changes that apply:

<input type="checkbox"/> Design Change	<input type="checkbox"/> New Manufacturing Process
<input type="checkbox"/> Cost Savings/Continuous Improvement	<input type="checkbox"/> New Manufacturing Location
<input type="checkbox"/> Part Design Enhancement	<input type="checkbox"/> Major Manufacturing Process Change
<input type="checkbox"/> Print Description Update Required	<input type="checkbox"/> Part End of Life/Planned Obsolescence
<input type="checkbox"/> Regulatory Compliance	<input type="checkbox"/> Material Deviation <u>_if checked complete next line</u>
Deviation Time Length (Days):	Deviation Quantity:

Please provide a detailed description of this change request and attach or insert a picture to describe the change details as necessary:

~~~~ BELOW THIS POINT IS FOR GENERAC PERSONNEL ONLY ~~~~

**Generac Design Engineering Comments ~ check all boxes that apply:**

|                                                                      |                                                                       |
|----------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Is this request related to a quality issue? | <input type="checkbox"/> Has effect on Generac manufacturing process? |
| <input type="checkbox"/> Change Notice (CN) required                 | <input type="checkbox"/> Deviation required                           |
| <input type="checkbox"/> Sample parts required                       | <input type="checkbox"/> Site assessment required                     |

Comments:

**Generac Approvals Section**

| Title                | Signature          | Print Name                        | Date                              |
|----------------------|--------------------|-----------------------------------|-----------------------------------|
| Engineering Manager: |                    |                                   |                                   |
|                      | Change Request is: | <input type="checkbox"/> ACCEPTED | <input type="checkbox"/> REJECTED |
| Facility Buyer:      |                    |                                   |                                   |
|                      | Change Request is: | <input type="checkbox"/> ACCEPTED | <input type="checkbox"/> REJECTED |