**AT-1826-1: ALLISON TRANSMISSION, INC.**

**SUPPLIER WARRANT OF MATERIAL FOR**

**PRE-PRODUCTION/PROTOTYPE BUILDS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Part Name |       | Part Number |       | Suffix |       |
| Shown on Drawing No. |       | Engineering Design Record Change Level |       | Dated |       |
| Application/Product |       | Purchase Order No. |       | Weight |       | kg |
| Checking Aid No. |       | Checking Add Eng. Change Level |       | Dated |       |
| Customer Name |       | ATI Release Engineer |       | Buyer |       |

**SUPPLIER MANUFACTURING INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Supplier Name |       | DUNS Number |       |
| Street Address |       | Z-Code |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SUBMISSION TYPE:** | GP11 – Level A | [ ]  |  GP11 – Level B | [ ]  |   |
|  | GP11 – Level C | [ ]  |  GP11 – Level D | [ ]  |  |

**REASON FOR SUBMISSION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Initial Submission | [ ]  | Correction of Discrepancy |  |
|  |  |
| [ ]  | Engineering Change(s) | [ ]  | Additional Quantities |  |

**SUBMISSION REQUIREMENTS** (Determined by ATI)

Parts shipped directly to Receiving Location.

|  |  |  |
| --- | --- | --- |
| [ ]  | **Level A** | Parts shipped directly to designated Receiving Location. Warrant directed to location designated by ATI. |
|  |
| [ ]  | **Level B** | Parts shipped directly to designated Receiving Location. Complete documentation directed to location designated by ATI.  |

Parts evaluated by ATI prior to shipment to Receiving Location.

|  |  |  |
| --- | --- | --- |
| [ ]  | **Level C** | Warrant only |
|  |
| [ ]  | **Level D** | Parts with Complete Documentation and Inspection/Test Device (if requested).  |

**SUBMISSION INFORMATION** Corrective Action Plan required if answer "No" to Questions #1, #2, or #3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Does Part meet dimensional requirements on the design record? | Yes | [ ]  | No | [ ]  | Serial Numbers for this shipment: |
| 2. | Does Part meet functional requirements on the design record? | Yes | [ ]  | No | [ ]  |  |  |  |  |
| 3. | Was Part produced with specified materials? | Yes | [ ]  | No | [ ]  |  |  |  |  |
| 4. | Are inspection results enclosed? | Yes | [ ]  | No | [ ]  |  |  |  |  |
| 5. | Is the Design Record enclosed? | Yes | [ ]  | No | [ ]  |  |  |  |  |
| 6. | Have Critical characteristics been identified? | Yes | [ ]  | No | [ ]  |  |  |  |  |
| 7. | What was the Checking Process used to check Part? | CMM | [ ]  | Fixture | [ ]  | Open Set-up | [ ]  |  |  |
| 8. | Was the Checking Process defined by ATI? | Yes | [ ]  | No | [ ]  |  |  |  |  |
| 9. | Is Checking Fixture included with shipment? | Yes | [ ]  | No | [ ]  |  |  |  |  |

|  |  |
| --- | --- |
| Explanation of "NO" answer or comment here: |       |
|       |
|       |
|       |
|       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supplier Name (please print) |       | Title |       | Phone No. |       |
| Supplier Authorized Signature |  | Dated: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| ATI Name (Please print) |       | Phone No. |       |
| ATI Authorized Signature |  | Dated: |       |

**AT-1826-2: ALLISON TRANSMISSION, INC.**

**GP11 CORRECTIVE ACTION PLAN**

|  |  |  |  |
| --- | --- | --- | --- |
| Part Number |       | Suffix |       |

**NONCONFORMANCE TYPE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Check the nonconformance typethat applies. | Dimensional per Design Record | [ ]  | Functionalper Design Record | [ ]  |  |

**NONCONFORMANCE DESCRIPTION:**

|  |
| --- |
|       |
|       |
|       |
|       |
|       |
|       |

|  |  |
| --- | --- |
| Quantity Suspected with Nonconformance: |       |

**IMMEDIATE FIX:**

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|       |
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|       |

**ROOT CAUSE: What is causing the nonconformance?**

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| --- |
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|       |
|       |
|       |
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|       |

**CORRECTIVE ACTION: What steps will be taken to assure that this nonconformance will not reoccur?**

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|  |  |
| --- | --- |
| Corrected Part promise date: |       |
| Midpoint progress date: |       |

|  |  |
| --- | --- |
| Is this Part usable for prototype? |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Supplier Engineer Name (Please print): |       | Phone No. |       |
| Supplier Authorized Signature |  | Dated: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| ATI Engineer Name (Please print): |       | Phone No. |       |
| ATI Authorized Signature: |  | Date: |  | Code: |       |

**Supplier Warrant of Material for Pre-Production & Prototype**

Description Sheet, pg. 3

**Part Information**

1. **Part Name:** Enter the part name as indicated on the Design Record.

2. **Part Number:** Use the assembly part number.

3. **Suffix:** Enter theSuffix level of the Part as indicated by the latest Design Level Suffix Change Request (DLSCR) on the Design Record.

4. **Shown on Design Record:** Identify thepart drawings, specifications or electronic data used to transmit information necessary to produce a product.

5. **Engineering Design Record Change Level and Date:** Use the proper engineering change level that the part submission represents.

6. **Application/Product:** Indicate the model year and/or product on which the part is to be used.

7. **Purchase Order Number:** Enter the sequence number issued by the procuring division for the purchase of the pre-production/prototype part.

8. **Weight:** Enter actual weight (mass) less lubricants, coolants, etc., in kilograms to three decimal places.

9. **Checking Aid No.:** If applicable, enternumber assigned to identify the checking aid (i.e., fixture). A Checking Aid is used in dimensional inspections.

10. **Checking Aid Engineering Change Level and Date:** Enter theengineering change level and date. Should be the same as the design record (i.e., checking aids should be to the latest engineering change level.)

11. **Customer Name:** Enter the customer’s corporate name.

12. **ATI Release Engineer:** ATI Release Engineer's name.

13. **Buyer:** ATI Buyer's name.

14. **Supplier Name and Address:** Complete address of the Supplier assigned by the purchase order.

15. **DUNS Number:** Enter the DUNS number assigned to the Supplier as shown on the purchase order.

16. **Code:** Enter the Z-code assigned to the Supplier as shown on the purchase order.

**Submission Type**

17. Identify the type of GP11 submission: GP11 Level A, GP11 Level B, GP11 Level C, or GP11 Level D.

**Reason For Submission**

18. Identify why parts are being submitted: Initial Submission, Engineering Change, etc.

**Submission Requirements**

19. Identify submission level requested by ATI. If no specific level has been formally requested, submit under Level B (i.e., Parts shipped directly to designated receiving location. Complete documentation directed to location designated by ATI.).

**Submission Information**

20. **Pre-Production/Prototype Submission Checklist:** Respond "Yes" or "No" to each question. The exceptions are question #7, where the type of checking process is identified.

21. **Serial Numbers for this Shipment:** Indicate all serial numbers corresponding to all parts included in this shipment.

22. **Explanation of "No" Answers or Comment Here:** Explain all "No" responses to the above checklist and provide additional details regarding this submission in the space provided. Use attachments if necessary.

23. The responsible Supplier official will sign and provide printed name, title, phone number, and date of submission. This official must have firsthand knowledge of these parts and the submission package.

24. The ATI representative responsible for evaluating Level D parts will sign and date the GP11 Warrant.

**Corrective Action Plan Information**

25. **Nonconformance Type**: Identify the nonconformance type for the Corrective Action Plan as Dimensional or Functional.

26. **Nonconformance Description:** Include a detailed outline of all part discrepancies by defining dimensional specifications and actual part dimensions- Indicate any and all areas that this discrepancy may affect.

27. **Quantity Suspected with Nonconformance**: Identify how many parts have stated nonconformance.

28. **Immediate Fix:** Describe what is being done to the discrepant parts to make them Usable (e.g., hand working).

29. **Root Cause:** Describe what is causing the nonconformance.

30. **Corrective Action:** Describe what will be done to prevent this nonconformance from reoccurring.

31. **Corrected Part Promise Date:** Date must be agreed upon between Engineer and Supplier as to when the nonconformance will be permanently fixed and corrected parts will be submitted for evaluation.

32. **Midpoint Progress date:** An approximate half-way point to the corrected part promise date when the supplier is to communicate, to Supplier Quality their progress towards correcting nonconformances and submitting for evaluation.

33. **Is This Part Usable for Pre-Production/Prototype?** A "Yes" or "No" answer is provided by the ATI Engineer.

34.The responsible Supplier engineer will sign and provide printed name, phone number, and date of signature. This Engineer must have first-hand knowledge of these Parts, the submission package, and the Corrective Action Plan.

35. **ATI Engineer:** For a dimensional or functional nonconformance, the ATI Release Engineer prints, signs, and dates this section including his/her phone and code.