

PPAP - Product release signoff sheet			
DICV Part Name (1) ZB DRUM BRAKE RA PNEU / RS 4, VL 4 & RT 4-BIL-	Document Rev. Level (3) 1	Dated (5) gsfg	DICV Part Number (2) A 400 420 12 01, 13 01, 04 01,05 01, 03 02, 04 02, 05
DICV Drawing number (7)	Supplier Part number (7a)	Sup. Rev. Level (7b)	Part ZGS (Rev) (5) 1
Tooling PO Number (4)	Purchase Order No. (8) 1	Weight (kg) (9) 1.0000	
Additional Engineering Changes (6)			
Checking Aid Number (10) Engineering Change Level (11) Dated _____			
ORGANIZATION MANUFACTURING INFORMATION		SUBMISSION INFORMATION	
Brakes India (12) Organization Name Vendor code 1		Daimler India Commercial Vehicles (14) Customer Name Division Axle Assy	
Padi (13) Street Address		Sankaran.S (15) Customer Contact sankaran.s@daimler.com Customer email	
Chennai TamilNadu ZIP City State Zip		HDT (16) Application Variants 25T,31T,40T & 49T	
Kesavan.Seshadri Supplier contact Kesavan.Seshadri@brakesindia.co.in Supplier email			
Note: Does this part contain any restricted or reportable substances? (17) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Are plastic parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
REASON FOR SUBMISSION (18)			
<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 FOR PRODUCT RELEASE			
<input type="checkbox"/> Level 1 <input checked="" type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 (19)			
PPAP Element - product requirements (20)		Feedback required from other departments	
<input checked="" type="checkbox"/> Design Records <input checked="" type="checkbox"/> Engineering Change Documents <input checked="" type="checkbox"/> Customer engineering approval <input checked="" type="checkbox"/> Design FMEA <input checked="" type="checkbox"/> Measurement system analysis studies <input checked="" type="checkbox"/> Dimensional results		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (21) As the required feedback been received from the required department/s before signoff <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Material, Performance tests <input checked="" type="checkbox"/> Qualified laboratory documents <input type="checkbox"/> Appearance Approval report <input type="checkbox"/> Sample products <input checked="" type="checkbox"/> Master Sample <input checked="" type="checkbox"/> Checking aids			
DECLARATION			
I affirm that the PPAP elements required for product release has been reviewed & verified with the supplier as per DICV requirement. Based on the review & verification, the product release is Approved / Conditionally approved / Rejected. Comments (To be filled if status given as conditional or rejected): (22) _____ _____			
List Molds / Cavities / Production Processes: _____			
Supplier Manager Name: _____ (23) Date: _____			
Supplier Manager Signature: _____ Phone No.: _____			
E-Mail: _____			
FOR DICV USE ONLY			
PPAP Warrant Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Interim Approval (26)		Comment: (25) _____	
Interim valid till: _____ (dd/mm/yyyy)			
Customer Signature (24) Date: _____			

Completion of the Product release sign-off sheet (to be filled by responsible Supplier Manager)

Part Information

0. **SAP notification number*:** Unique SAP notification number is generated for each part number, this is either provided in the Auto-Email generated after 'P' release for a part or will be provided by the SAP coordinator.
1. **DICV Part Name*:** Engineering released part name for which product release is done.
2. **DICV Part Number*:** Engineering released DICV part number. Per sign-off sheet only one part number.
3. **Document Revision Level*:** Please indicate "01" for 1st time PPAP and count from there on ("02", "03" ...) in case re-PPAP is required but the reason falls under "others" as per the AIAG standard (e.g. in case of quality issues due to supplier parts).
4. **Tool Purchase Order number:** If applicable (if tool is a property of DICV).
5. **Part ZGS or DICV Drawing revision level*:** Show DICV's ZGS level for which you have done PPAP & date of ZGS applicability.
6. **Additional Engineering Changes:** Include all authorized engineering change documents & approval dates not yet incorporated on the drawing but which are incorporated in the part.
7. **DICV drawing number:** The design record that specifies the drawing number being submitted (in case of assembly drawing).
 - 7a. In case of Proprietary parts or if Supplier drawing is used for DICV's reference, the drawing number on Supplier's drawing is to be mentioned
 - 7b. Supplier's ZGS level is to be mentioned if (7a) condition is valid
8. **Purchase Order number:** Enter this number as found on the Series contract
9. **Part weight:** Enter actual weight in kilograms to four significant places.
10. **Checking aid number:** Enter checking aid number, if one is used for dimensional inspection. If more than one enter the annexure document name.
11. **Checking aids engineering change level & approval date:** if one is used for dimensional inspection. If more than one enter the annexure document name.

Organization Manufacturing Information

12. **Organization name & code*:** Show the supplier name and vendor code assigned to the manufacturing location on the Purchase Order.
13. **Organization manufacturing address*:** Show the complete address of the location where the product was manufactured.

Submission Information

14. **Customer Name/Division:** Show DICV name & SCM-Q team.
15. **Contact Name*:** Enter the name of the responsible DICV Supplier Manager.
16. **Application:** Enter the model/ variants for which the part number is applicable, if known.

17. Check the appropriate box to indicate substances of concern/ISO marking reporting.

Reason for Submission*

18. Check the appropriate box. Add explanatory details in the “other” section.

Requested submission level

19. **Submission Level***: Identify the submission level requested by your customer.

PPAP elements – Product requirements

20. **Product requirements***: Check the appropriate elements requested as per indicated submission level and make sure you have the respective evidence for the ticked elements.
21. **Feedback**: For feedback required from other departments, check the appropriate box.

Declaration

22. **Explanation/comments***: Provide any comments on the submission results: additional information may be attached. For interim approved parts the conditions under which the approval is done & needs to provide the quantity, date until which the interim approval is done.
23. **Supplier Manager***: The responsible supplier manager, after verifying that the results show conformance to all DICV requirements for product release shall approve the declaration and provide his name, phone number, email address, **date & signature**. Please note that the date should indicate the date of physical approval of the part, NOT the date of documentation. The date given must be the same as the “actual product release date” given on the PPAP planning sheet. This date will be uploaded in SAP.
24. **Team Lead***: The responsible supplier manager’s Team Lead, after verifying that the results show conformance to all DICV requirements for product release shall counter approve the declaration and provide his name, date & signature.
25. **Comments**: For interim approved parts the responsible supplier manager’s team lead can additionally provide the conditions if required.
26. **Interim approval check & validity date**: If Interim approval is selected, then it is mandatory to fill in the comments sections the reasons for Interim approval and a validity date upto which this sign off sheet will be in effect.

Directions:

After completion of the product release sign-off sheet, please hand over the document to your SAP coordinator for central storage & documentation.

***** = all yellow marked numbers are **mandatory** fields and have to be filled out by the responsible DICV Supplier Manager.