

South Bend Controls

Supplier Request Form (SRF)

Date: _____

From: _____

To: South Bend Controls Inc.
 1237 Northside Blvd.
 South Bend, IN 46615
 ph (574) 234-3157 fax: (574) 234-3948

Name: _____
 Title: _____

Name: _____
 Title: _____

P/N: _____ Description _____
 Rev. _____ P.O./W.O.# _____

Description		
Recommended		Q.A.
Design	Mfg. Eng.	

Item.	Qty.	Specification	Actual	Nonconformance Comment

- Description Codes:
- | | |
|--|--------------------------------------|
| A1 Acceptable this lot only, to be corrected | A4 Acceptable with repair |
| A2 Acceptable drawing to changed | R Reject, unusable, correction reqd. |
| A3 Acceptable for life of tool | |

Note Do not Ship parts until Supplier Request Form is approved. Identify & package SRF approved parts separately from conforming mat'l. Packing list & certification must reference SRF and have a copy attached.

Design Eng. Review	By: _____	Date: _____	<input type="checkbox"/> Accept/Reject as noted
Mfg. Eng. Review	By: _____	Date: _____	<input type="checkbox"/> Accept/Reject as noted
Q.A.. Review	By: _____	Date: _____	<input type="checkbox"/> Accept/Reject as noted

Root Cause: _____

Corrective Action: _____

Effectivity: _____

Supplier Signature: _____ Title: _____ Date: _____

(SRF) Supplier Requests and Corrective Actions will not be reflected in suppliers rating.
 Submit suggested repair with this form with sketches to more clearly define the nonconformance.