Part Approval Request and Requirement (PAR) / 零件批准需求和要求 (PAR)

Part Details / 零件详细信息

	Handicare Part No. 零件号	Handicare Part Name零件名称	
	Handicare ISIR No	Supplier供应商	
	Revision 版本至	Manufacturing Process制造过程	
	ECN No工程变更号	Request Date 求日期	
	Critical Part 关键部件	PPAP No PPAP编号	
	Project 项目名称	Material 材料	

Reason for PPAP / 需求原因

	New Product. 新产品	No production for 12 months. 12个月没有生产	
	Changes to the production process. 改变生产过程	Changes to Tools or Machinery. 工具/机器的变更	
	Changes of Suppliers. 供应商的变化	At the request of Handicare. 应Handicare要求	
	Changes to part/process. 部件变更/过程变更	Other, Please Overwrite 其他请覆盖	

PPAP Sections Required / 所需部分

Tab 页	Requirement 要求	Required 是否需要	Quantity 数量	Comments 评论
NOTE: THE PAR & PSW TABS ARE MANDATORY FOR ALL PPAPS / 页面是必填项				
1	Supplier Feasibility Commitment 供应商可行性承诺			
2	Signed Drawing 打样图纸			
3	Process Flow 工艺流程			
4	PFMEA 工艺失效模式及影响分析			
5	Control Plan 控制计划			
6	FAI FORM 1 供应商首样检测报告			
6	FAI FORM 2 供应商首样检测报告			
6	FAI FORM 3 供应商首样检测报告			
7	Process Capability Study 过程能力分析			
8	AAR 外观批准报告			
9	Material Certification 材质证明			
10	Packaging Approval 包装批准			

Additional Comments / 评论

Review and Approval 审批

APPROVAL IS NOW PRE-AGREED DURING THE PPAP LAUNCH MEETING, DEPARTMENTS WITHOUT A REPRESENTATIVE PRESENT IN THE MEETING WILL NEED TO REVIEW & APPROVE THE PAR PAGE ELECTRONICALLY / 批准是在 PPAP 启动会议期间预先达成一致的 没有代表出席会议的部门将需要以电子方式审查和批准 PAR 页面

LAUNCH MEETING APPROVAL			APPROVAL FOR DEPARTMENTS WHO HAVE NOT ATTENDED LAUNCH MEETING	
PPAP LAUNCH MEETING DATE	DEPARTMENT	NAME OF DEPARTMENT REP THAT ATTENDED LAUNCH MEETING (Select from list	APPROVERS NAME (Select from list	APPROVAL DATE
	R&D			
	SUPPLIER DEVELOPMENT			
	QUALITY			
	PURCHASING			

Feasibility / 可行性分析

Feasbility Considerations 可行性考量

Handicare project team has considered the following questions, to perform and agree on the project feasibility evaluation. The drawing and/or specifications provided have been used as basis for analyzing the ability to meet all specified requirements. All "no" answers should be supported with comments identifying concerns and/or proposed changes to enable meeting the specified requirements.

Handicare项目团队已经考虑了以下问题，以对项目的可行性评估进行并达成共识。 **所提供的**图纸和**/或**规格已被用作分析满足所有指定要求的能力的基础。
所有"否"答案均应备注识别潜在疑虑和**/或建**议的更改，以满足指定要求。

Part Details / **零件**详细信息			
0	**Supplier 供**应商	**PPAP No PPAP**编号	0
0 / 0	**Handicare Part No. 零件号. Revision 版本**	**Critical Part 关**键部件	0
0	**Part Name 零件名称**	**Manufacturing Process制造**过程	0

Enter Yes / No	Feasibility Questions, **可行性**问题	Comment if "No" selected 对于"No"**条款**备注
	Design Considerations, 设计考虑	
	Is the product adequately defined (application requirements, etc.) to enable full feasibility evaluation? / 产品是否充足定义（应用要求等）以实现全面的可行性评估？	
	Can the product be manufactured to meet specification? / **生**产的产品能否满足设计要求？	
	Have all critical to quality (CTQ) attributes been considered? / **是否所有的**CTQs(**关**键质量特性）有考虑到？	
	Quality Considerations, 质量考虑	
	Is the product adequately defined (application requirements, etc.) to enable full feasibility evaluation? / 产品是否充足定义（应用要求等）以实现全面的可行性评估？	
	Is statistical process control required on the product? NB: Required for critical parts. / 产品是否需要统计过程控制？备注：针对关键零件。	
	Is statistical process control presently used by the Supplier on similar products? / **供**应商目前是否在类似产品上使用统计过程控制？	
	Where statistical process control is used on similar products, are the processes stable with a Cpk of ≥1.33? / **在**类似产品上使用统计过程控制的地方，过程是否稳定，CPK≥1.33？	
	Can the part be manufactured with a Cpk that meets Handicare requirements? / 该零件制造是否可以满足Handicare**要求的**CPK？	
	Supplier measuring capabilities / equipment have been identified, approved and accepted by Handicare engineering and manufacturing receiving plants. / **供**应商测量能力 **/生**产设备有被Handicare**工程和使用工厂确定，批准和接受**？	
	Validation / Verification Considerations, 确认/验证考虑	
	Can the product be manufactured without incurring any additional costs - consider costs for tooling / capital equipment / alternative manufacturing methods. / 产品是否可以在不产生任何额外费用的情况下制造？ - **考**虑工具 **/固定投**资设备 **/替代制造方法的成本**。	
	Has the Supplier submitted any cost saving suggestions by means of material, specification changes, design, tooling (i.e. cavitation, nesting), or packaging? / **供**应商是否提出了任何节省成本建议？ **通**过材料选择，规规范，设计，工装或包装变更	
	Does the design allow the use of efficient material handling techniques? / 设计是否允许使用有效的材料处理技术？	
	If the part has been identified as critical ref the header of this document, then a CofC (Certificate of Conformity) is required with every delivery	
	Schedule Considerations, 日程考虑	
	Has Supplier provided a schedule of part development, from PPAP to mass production? / **供**应商是否提供了从**PPAP到大**规模生产的部件开发时间表？	
	Have dates (timeline) for all pre-production (prototype) builds been identified and agreed to? / 样件的生产和提交时间是否确定？	
	FAI Due Date FAI 到期日 / **Tooling Due Date: 装模具到期日**	
	Capacity Considerations, 产能考虑	
	Is there adequate capacity to produce product? / **供**应商是否理解和认可预定能力生产应超过需求数量10%？	
	Supplier acknowledges, understands & agrees the run rates shall exceed 10% of quoted quantities / **供**应商应允许Handicare**在供**应商现场和生产期间根据要求监视预定生产能力	
	Supplier shall allow Handicare to monitor the run@rate upon request at the site of the Supplier and during production / **供**应商应允许Handicare**在供**应商现场和生产期间根据要求监视预定生产能力	
	Logistics Considerations, 物流考虑	
	Has packaging plan and logistic plan been presented to Handicare for approval? / **包装**计划和物流计划是否已提交给Handicare**供批准**？	
	PPAP / Documentation Considerations, PPAP / 文档注意事项	
	PPAP Level and required documentation discussed and agreed / PPAP级别和所需的文档讨论并商定	
	Feasibility Conclusion, 可行性结论	
	Confirm the design is feasible and the part can be produced according to specified requirements (no revision changes required). / **确**认设计是可行的，可以根据指定要求（无需修订更改）生产该零件。	

Supplier Review and Approval 审批

DEPARTMENT	NAME	SIGNATURE	DATE
SUPPLIER REPRESENTATIVE		IMAGE SIGNATURE MUST BE INSERTED HERE (NOT TYPED NAME)	

This signature represents the suppliers manufacturing support functions understand Handicare request / 此签名代表供应商了解 Handicare 要求

DEPARTMENT	NAME	SIGNATURE	DATE
PURCHASING		IMAGE SIGNATURE MUST BE INSERTED HERE (NOT TYPED NAME)	
SUPPLIER DEVELOPMENT		IMAGE SIGNATURE MUST BE INSERTED HERE (NOT TYPED NAME)	

Drawing and Specifications 图纸和规格

Part Details / 零件详细信息			
0	Handicare Part No. 零件号	PPAP Number 编号	0
0	Revision 版本	Critical Part 关键部件	0
0	Part Name 零件名称	Supplier 供应商	0
0	Material 材料	Date reviewed by Supplier 日期	

~Insert Handicare or approved supplier drawing in marked up or ballooned format~

Process Flow 工艺流程

Part Details / 零件详细信息				
0	0	Handicare Part No. 零件号/ Revision 版本	Handicare Part Name零件名	0
0		Manufacturing Process制造过程	Critical Part 关键部件	0
0		Part Name 零件名称	Supplier 供应商	0
0		Material 材料	Date sheet updated by Supplier日期	

~Insert Process Flow Chart

Process Failure Mode and Effect Analysis (PFMEA) 工艺失效模式与影响分析

Date sheet updated by Supplier日期

No.	Item, Product, Function, Process Step	Potential Failure Mode (What could go wrong in process- Abuse)	Potential Effect(s) of failure (Consequence - End User Worst case)	Severity	Class SC / CC	Potential Cause(s)/Mechanism of failure (Operator Error)	Occurrence	Preventive Controls	Detection Controls	Detection	Risk (S*O)	RPN	Recommended action(s)	Action Owner	Target Completion Date	Action Results				
																Actions Taken	Sev	Occ	Det	RPN
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Control Plan 控制计划

0	0	Handicare Part No./ Rev.: 瀚德凯尔 物料号 版本	Supplier Part No . 供应商部件号	SUPPLIER TO COMPLETE	PPAP No 0
0		Supplier 供应商	Issue Date(Rev.) 发行日期(版本)	SUPPLIER TO COMPLETE	Date （Orig.） 日期 （原订 ） SUPPLIER TO COMPLETE
0		Part Name/Description 零件名称/描述 :	CP No. 控制计划编号	SUPPLIER TO COMPLETE	Supplier QA name 供应商 QA 姓名 SUPPLIER TO COMPLETE

Part/ Process No. 零件/过程编号	Process Name /Operation Description 过程名称/操作描述	Machine, Device, Jig, Tools For Mfg. 机器装、夹具、工装	Characteristics 特性		CTQ? 关键质量特性?	Methods 方法				Reaction Plan 反应计划
			Product 产品	Process 过程		Product/Process /Spec./Tolerance 产品/过程/规格/公差	Evaluation Measurement Tech. 评价/测量技术	Sampling plan 抽样计划 Process Inspection 过程检查 Sample Size 样本量	Sample Freq 抽样频率	
Characteristics Classification: 特性分类	★Critical Characteritic ★★Product characteristic or process parameter which affects a product's fit/function or a product's safety or compliance with regulatory requirements.					★ 关键特性 ★★ 影响产品装配/功能以及安全性或合规要求的产品特性或过程参数				

GROUP SIGN OFF MEETING

HANDICARE REVIEW MEETING (Can only be signed off if a representavtive present)

QUALITY REPRESENTATIVE (SELECT FROM DROPDOWN)		R&D REPRESENTATIVE (SELECT FROM DROPDOWN)		PURCHASING REPRESENTATIVE (SELECT FROM DROPDOWN)		SUPPLIER DEV REPRESENTATIVE (SELECT FROM DROPDOWN)	
GROUP DECISION (SELECT DROPDOWN)				**MEETING DATE**			

OR

TEAM SIGN OFF

HANDICARE INDIVIDUAL TEAM SIGN OFF (Only used if a representavtive is not present at sign off meeting)

QUALITY			R&D			PURCHASING			SUPPLIER DEVELOPMENT		
Name		Decision (Select from Dropdown)	Name		Decision (Select from Dropdown)	Name		Decision (Select from Dropdown)	Name		Decision (Select from Dropdown)
Date			Date			Date			Date		

First Article Inspection (FAI - FORM-1) 首样检验（ FAI -1 -1）
PART NUMBER ACCOUNTABILITY, 部件认可责任

Part Details / 零件详细信息			
0	Handicare Part No. 零件号	Handicare Part Name零件名称	0
0	Handicare ISIR No.	Supplier供应商	0
0	Revision To 版本至	PPAP No PPAP编号	0

Reason for PPAP / 需求原因			
	New Product. 新产品	No production for 12 months. 12个月没有生产	
	Changes to the production process. 改变生产过程	Changes to Tools or Machinery. 工具/机器的变更	
	Changes of Suppliers. 供应商的变化	At the request of Handicare. 应Handicare要求	
	Changes to part/process. 部件变更/过程变更	Other, Please Overwrite 其他请覆盖	

Completed by the Supplier 由供应商完成						Completed by Handicare 由Handicare完成	
Part Number 零件号	Part Name 零件名称	Part Issue level 部件版本	Previous Report Number 上一次报告号	Previous Report Date 上一次报告日期	Report Available 报告可用 Y/N	Accepted Or Rejected 接受或拒绝	Supporting Comments 支持性评论

Supplier Review and Approval 审批				Handicare Quality Team Review and Approval 审批	
(Supplier) Prepared By 编制		(Supplier) Reviewed By 审核		Handicare Approval Signature 客户批准签名	
Name 姓名	Date	Name 姓名	Date	Name 姓名	Date

First Article Inspection (FAI - FORM-2) 首件检验 (FAI - FORM-2)
PRODUCT ACCOUNTABILITY - MATERIALS, SPECIAL PROCESSES AND FUNCTIONAL TESTING, 产品认可责任 - 材料、特殊工艺和功能测试

0	Handicare Part No. 零件号	Handicare Part Name零件名称	0
0	Handicare ISIR No	Supplier供应商	0
0	Revision 版本至	PPAP No PPAP编号	0

Material or Process Name: 材料或工艺名称	Specification Number 规范编号	Process Provider, Supplier 流程提供者/供应商	Customer Approval Verification: 客户认可验证：(Yes/No/NA)	Functional Test Procedure Number 功能测试程序编号	Acceptance Report Number: 验收报告编号

Comments:

First Article Inspection (FAI - Form-3) 首件检验 (FAI - Form-3)
CHARACTERISTIC ACCOUNTABILITY, VERIFICATION, AND COMPATIBILITY EVALUATION 特性认可责任、验证和兼容性评估

0	Handicare Part Name: 零件名称	PPAP No	0
0	Handicare Part No.: 零件号	Supplier Name, 供应商	0
0	Revision: 版本	Date sheet updated by Supplier 日期	

Drawing Location 图纸位置	Drawing Dimension 图纸尺寸	Min 最小	Max 最大	Measurement Result 测量结果										Measurement Method Used. 使用的测量方法		Accept or Reject	Approval Action If Required 必要时批准行动	
				Sample 1		Sample 2		Sample 3		Sample 4		Sample 5						
				Supplier	Handicare	Supplier	Handicare	Supplier	Handicare	Supplier	Handicare	Supplier	Handicare	Supplier	Handicare		Drop Downs	Rejection Comments

Approval Status (审批状态)

QUALITY Dimensional assessment verification approval & sign off 尺寸评估验证批准和签署				R&D Fit, Form & Functional approval & sign off 形状，配合和功能批准并签字				Manufacturing / Operations Assembly and ease of manufacture approval & sign off 组装和易于制造批准和签署			
Name 姓名	Signature 签名	Accepted/Rejected	Accept Date. 日期	Name 姓名	Signature 签名	Accepted/Rejected	Accept Date. 日期	Name 姓名	Signature 签名	Accepted/Rejected	Accept Date. 日期
	IMAGE SIGNATURE MUST BE INSERTED HERE (NOT TYPED NAME)				IMAGE SIGNATURE MUST BE INSERTED HERE (NOT TYPED NAME)				IMAGE SIGNATURE MUST BE INSERTED HERE (NOT TYPED NAME)		
Rejection date 拒绝日期				Rejection date 拒绝日期				Rejection date 拒绝日期			
Rejection comments 拒绝评论				Rejection comments 拒绝评论				Rejection comments 拒绝评论			

FAI Appendix Sheets 首样检验附件

0	Handicare Part No.: 零件号	Supplier Name, 供应商	0
0	Revision: 版本	PPAP No	0
0	Handicare Part Name: 零件名称	Handicare ISIR No	0

~Insert/Embed the Component ACCEPTANCE front sheet as evidence of approval 插入/嵌入部件可接受的符合性证据
SUPPLIERS: IF YOU ARE UNABLE TO IMBED A DOCUMENT(S), PLEASE SEND DOCUMENT TO SAMANTHA.CLARK@HANDICARE.COM

HANDICARE ISIR DOCUMENT

PLEASE INSERT A COPY OF COMPLETED HANDICARE ISIR SHEET HERE, THIS IS COMPULSARY FOR ALL PPAPS FROM OCT 25

PPAP SUPPORTING DOCUMENTS

Process Capability Analysis / 过程能力分析

Part No.	0	Part Description	0
Revision	0	Manufacturing Process:	0

Remark:
1. Random sample 35pcs for CTQs process capability study, unless other agreed with Handicare Quality.
2. Fill the cells in grey only.
3. Cpk target >=1.33, actions need if it does not meet the target.

	Sample	Shift 1	Shift 2	Dim3	Dim4	Dim5	Dim6	Dim7	Dim8	Dim9	Dim10
Spec	93.00 -0+2.0										
USL	95.00										
LSL	93.00										
Measurement	mm										
Sample	Measurements										
1	94.110										
2	93.885										
3	93.992										
4	94.210										
5	93.882										
6											
7											
8											
9											
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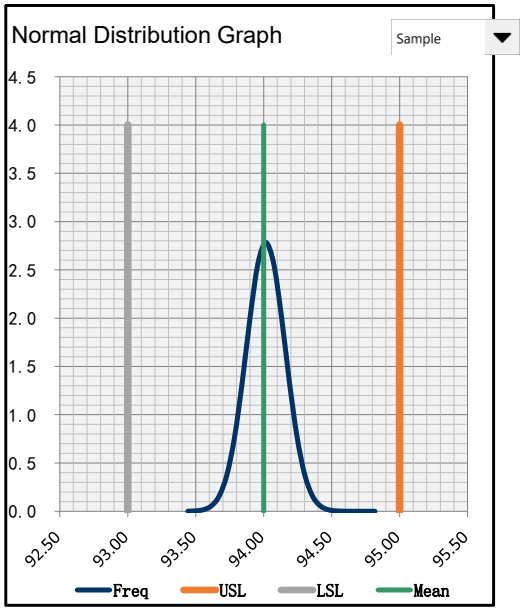
24											
25											
Cp	2.326										
Cpk	2.289										
Result	Pass										

Choose Dim	*1*	Mean	*94.016*
Spec	*93.00 -0+2.0*	Max	*94.210*
Target	*94*	Min	*93.882*
USL	*95.000*	Stdev	*0.143322015*
LSL	*93.000*	Cp	*2.33*
Sample Size	*5*	Cpk	*2.29*
Measurement	*mm*	Yiled %	*100.00%*



CAPBILITY STUDY REVIEW SIGN OFF

Quality			R&D			Supplier Development		
Name:	Signature	Accept Or Reject	Name:	Signature	Accept Or Reject	Name:	Signature	Accept Or Reject
	IMAGE SIGNATURE MUST BE INSERTED HERE (NOT TYPED NAME)			IMAGE SIGNATURE MUST BE INSERTED HERE (NOT TYPED NAME)			Image of Signature must be inserted	
Date			Date			Date		

Appearance Approval Report (AAR) 外观批准报告（AAR）

PPAP Number:	0	Handicare P/No. 零件号	0
Supplier Name 供应商	0	Revision: 版本	0
Manufacturing Site 生产现场	SUPPLIER TO FILL IN	Multi Cavity Tool 多腔工具	SUPPLIER
Manufacture Process 制造过程	SUPPLIER TO FILL IN	Number of Cavities: 空腔数：	SUPPLIER
Tool Identification 工具识别	SUPPLIER TO FILL IN		

Handicare Verification / Handicare 验证	
Inspector Name 检测人	
Inspect Date 检验日期	
Approval Status 审批状态	

	Features For Evaluation 评估项目	Select Features for Approval	Suppliers Evaluation 供应商评估 (OK Status applies for all features on a single component) (OK 状态适用于单个组件上的所有功能）	Sample 1 样品1	Sample 2 样品2	Sample 3 样品3	Sample 4 样品4	Sample 5 样品5	Handicare Verification/ Handicare 验证 Sample 1 样品1	Sample 2 样品2	Sample 3 样品3	Sample 4 样品4	Sample 5 样品5	Reject Feature(s) 拒绝特征	Comments 备注
1	*Colour Matches 颜色比对*		Cavity 1 模穴1												
2	*Burrs/ Flash/ Sharp Edges 毛刺/ 溢料/ 锋利边角*		Cavity 2 模穴2												
3	*Surface Finish 表面处理*		Cavity 3 模穴3												
4	*Surface Texture 表面纹理*		Cavity 4 模穴4												
5	*Sink Marks 缩痕*		Cavity 5 模穴5												
6	*Ejector Pin Marks 顶针标记*		Cavity 6 模穴6												
7	*Distortion 变形*		Cavity 7 模穴7												
8	*Flow Marks 流痕*		Cavity 8 模穴8												
9	*Weld Line 熔接线*		Cavity 9 模穴9												
10	*Weld Spatter 焊接飞溅*		Cavity 10 模穴10												
11	*Weld Condition 焊接条件*		Cavity 11 模穴11												
12	*Cavity Identification 型腔识别*		Cavity 12 模穴12												
13	*Paint Run Marks 喷漆痕迹*		Cavity 13 模穴13												
14	*Orange Peel surface finish 橘皮表面处理*		Cavity 14 模穴14												
15	*Scratches 划痕*		Cavity 15 模穴15												
16	*Contamination Particles 污染颗粒*		Cavity 16 模穴16												

Suppliers Inspectors Details / 供应商检查员详细信息

Inspector Name: 检测人：	SUPPLIER TO FILL IN
Inspect Date, 检验日期：	SUPPLIER TO FILL IN

Reason For Rejection / 拒绝原因

Material Certification

Part Details / 零件详细信息			
0	Handicare Part No. 零件号	PPAP Number 编号	0
0	Revision 版本	Critical Part 关键部件	0
0	Part Name 零件名称	Supplier 供应商	0

Reviewed by R&D	Name		Date	

~Insert the applicable material certification for the base material~

Packaging Approval 包装批准

SUPPLIER TO COMPLETE BLUE CELLS

	Contact Name 联系人姓名	Supplier Name 供应商	0
	Contact Phone 联系电话	PPAP No	
	Date sheet updated by Supplier 日	Handicare Part No.: 零件号	0
	Packaging Approval Type 包装批准	Handicare Part Name: 零件名称	0
	Packaging Status包装状态	Revision: 版本	0

Part Information			
Part Weight		Part Image	Part Label Image
Individual Part Dimension Length/Height/Width (mm)			
Packaging Criteria on Drawing			
Shelf Lifed Item			
Anti-corrosion materials required. Oils,Silica Gels			
Notes:-			

Primary Packaging Information			
Quantity Parts per Packaging *(Layers & Per Layer)*		Primary Packing/Container Image	Primary Packing/Container Label Image
Packaging Weight Full *(Kgs)*			
Primary Packaging Material			
Packaging Length/Height/Width *(Millimeters)*			
Drop Rating for Packaging			
Packaging Type *(Returnable or Expendable)*			
Quantity of Containers required to support programme			
Notes:-			

Interior Dunnage		
Type of Dunnage used b*Bolster/Divider/ Poly Wrap etc*		Interior Dunnage Used Image
Dunnage Material *Card/Polyurathane/Bubble Wrap*		
Is Dunnage part specific		
Dunnage Material *(Returnable or Expendable)*		
Notes:-		

Shipment & Transportation Information				
Parts delivered to Handicare via Sea Container/Lorry	Y or N	Overall Pallet Dimensions (H/L/W in mm)		Special Packaging Instructions
Transportaion platform Skid/Pallet/Crate		Overall Pallet Weight *(Fully Loaded Kgs)*		
Number of Boxes per Transportaion platform		Pallets Shrink Wrapped		
Pallet per Container(s)		Are Pallets Stackable		
Pallet Type *Wood/Retrunable/Corrugated*		Safe Pallet Stackable Height (1, 2 or 3)		
Notes:-				

Supplier Sign off						
Supplier Delegate	Name		Signature	Image of Signature must be inserted here (Do not type name)	Date	
Handicare Sign off						
Handicare Operations	Name		Signature	Image of Signature must be inserted here (Do not type name)	Date	
Handicare Quality	Name		Signature	Image of Signature must be inserted here (Do not type name)	Date	
Handicare Supply Chain	Name		Signature	Image of Signature must be inserted here (Do not type name)	Date	

(PSW) Part Submission Warrant / (PSW)部件提交保证

Part Details / 零件详细信息			
0	Handicare Part No. 零件号	Critical Part 关键部件	0
0	Revision 版本至	Supplier Name 供应商	0
0	Handicare Part Name零件名称	PPAP No PPAP编号	0
0	Handicare ISIR No	PSW ISSUE DATE	0

Reason for PPAP / 需求原因			
	New Product. 新产品	No production for 12 months. 12个月没有生产	
	Changes to the production process. 改变生产过程	Changes to Tools or Machinery. 工具/机器的变更	
	Changes of Suppliers. 供应商的变化	At the request of Handicare. 应Handicare要求	
	Changes to part/process. 部件变更/过程变更	Other, Please Overwrite 其他请覆盖	

Tooling/ Machinery 工模/机器设备	
The parts supplied and any further batches supplied will be produced using the following tooling/ machinery. 供应的零件和任何进一步供应的批次将使用以下工装模具和机器设备生产	
Tooling Identification Number(s) 模具识别号	
Tooling Maintenance Frequency 模具维护频率	
Production Machine Used & Identification Number(s) 使用的生产机器和标识号	
Production Machinery Maintenance Frequency 生产机器的维护保养频率	

In Process Conformance Checking 过程一致性检查	
The parts supplied and any further batches supplied will be checked for conformity using the following method(s) 供应的零件和任何进一步供应的批次将使用以下方法检查是否符合要求	
Measuring Instrument Used & Identification Number(s) 使用的测量仪器和识别号	
Measuring Instrument Calibration Frequency 测量仪器校准频率	
Checking Aid & Identification Number(s) 检查辅助识别号码	
Checking Aid Calibration Frequency 检查辅助校准频率	

Submission Results (tick one) 提交结果 （选择其一）	Mark X
Level 1 - For components previously approved via Level 3 submission. Only applies to components with no change to visual attributes, tooling, material, manufacturing equipment or processes, including heat treatment and plating and sub-suppliers. Refer to the Part Approval Request and Requirement (PAR) for the extent of the supporting documentation required to support submission 级别 1 - 对于之前通过级别 3 提交批准的部件, 新的变更不影响产品外观，如工具、材料、制造设备或工艺变更，包括热处理和电镀以及次级供应商变更。请参阅零件批准需求和要求 (PAR)， 明确需要提交的相应文件要求	
Level 2 - Can consist of visual attribute data. e.g. colour, plate coating, painting, graining, surface finishes etc... Applies electronic or electro-mechanical adherence to stated Handicare drawing test & performance requirements. Refer to the Part Approval Request and Requirement (PAR) for the extent of the supporting documentation required to support submission. Visual attribute data. Test & performance as defined by Handicare 级别 2 - 可以包含外观属性。 例如 颜色、镀层、喷漆、纹理、表面处理等...适用于电子或机电产品相应的 Handicare 图纸测试和性能要求。 请参阅零件批准需求和要求 (PAR)， 明确需要提交的相应文件要求试和性能	
Level 3 - Can consist of Process Flow plan, Control Plan, Process Capability, AAR (Appearance Report) Packaging Approval, Material certification and review of the suppliers PFMEA and any other requirement as defined by Handicare Applies electronic or electro-mechanical adherence to stated Handicare drawing test & performance requirements. Refer to the Part Approval Request and Requirement (PAR) for the extent of the supporting documentation required to support submission. 第 3 级 - 可以包括工艺流程计划、控制计划、工艺能力、AAR（外观报告）包装批准、材料认证和供应商 PFMEA 审查以及 Handicare 定义的任何其他要求适用于电子或机电产品应遵守的 Handicare图纸测试和性能要求。 请参阅零件批准需求和要求 (PAR)， 明确需要提交的相应文件要求	

Supplier Declaration & Sign-Off 申明 供应商签字		Mark X
The results meet all of the drawing and specification requirements 结果满足所有图纸和规范要求	YES	
	NO	
If NO please explain reason 果否， 请说明原因		

I hereby certify that this batch is representative of future parts that will be made/ verified by the process detailed in this PPAP submission. Therefore NO TOOLING or PROCESS changes will take place without first seeking prior permission via the approval process set by Handicare.
我特此证明，此批次代表后续产品将按照该认可的 PPAP工艺流程生产检验。 因此， 未按Handicare规定的批准程序事先征得许可，不得更改任何工具或流程。

	Print Name:-打印名字	Date:-日期	
Image of Signature must be inserted here (Do not type name)	Sign:-签字	E-mail Address:-工作邮箱	
	Job Title:-职能	Phone Number:-联系电话	

Final Production Drawing Release			
R&D to confirm 'Final Production Drawing' has been forwarded to PPAP Co-ordinator and/or Solidworks		Name	Date

Handicare Sign Off			
PRODUCTION		Print Name:-打印名字	
		Date:-日期	
If rejected: Please advise reason		Sign:-签字	Image of Signature must be inserted here (Do not type name)
PURCHASING		Print Name:-打印名字	
		Date:-日期	
If rejected: Please advise reason		Sign:-签字	Image of Signature must be inserted here (Do not type name)
QUALITY		Print Name:-打印名字	
		Date:-日期	
If rejected: Please advise reason		Sign:-签字	Image of Signature must be inserted here (Do not type name)