

**FB Herstellbarkeitsanalyse Lieferanten ENG**

**Feasibility Study**  
do not fill in gray fields

Supplier:		Supplier number:	
Material description:		Material number:	
Modification index:		Date:	

**If there is no data available from series part production at this stage of planning, please refer to experiences and existing data from similar processes / parts.**

	Yes	No
Is the product sufficiently defined to enable a feasibility study? If no, please attach explanations	<input type="checkbox"/>	<input type="checkbox"/>
Can all requirements be met (e.g. drawing, technical specification, standards, specifications, test)? If no, which ones? (Please attach)	<input type="checkbox"/>	<input type="checkbox"/>
Are suitable measuring/inspection instruments available for verifying all specified features for start-up, individual demand/series production? If no, please attach explanations.	<input type="checkbox"/>	<input type="checkbox"/>
Is the inspection staff qualified and the measurement equipment suitable to fulfill the drawing requirements according to ISO GPS standard norms? If no, please attach explanations.	<input type="checkbox"/>	<input type="checkbox"/>
Have you identified additional (production-related) special characteristics? If yes, which ones? (Please attach)	<input type="checkbox"/>	<input type="checkbox"/>
Will process capability be achievable for each special characteristic ( $C_{pk} \geq 1,67$ )? If no, please attach explanations	<input type="checkbox"/>	<input type="checkbox"/>
Is 100% inspection intended or already planned for special characteristics in series production? If yes, which ones? (Please attach)	<input type="checkbox"/>	<input type="checkbox"/>
Is SPC used for similar products and are the processes stable and capable?	<input type="checkbox"/>	<input type="checkbox"/>
Are external processes planned? If yes, which ones? (Please attach)	<input type="checkbox"/>	<input type="checkbox"/>
Can you fulfill the order with the presently existing production resources? If no, please attach explanations	<input type="checkbox"/>	<input type="checkbox"/>
How do you ensure the offered / agreed delivery time? (Please attach).	-	-
How and How early do you inform about changing delivery times for this product? (Please attach).	-	-
Are there characteristics, materials or processes for which a simplification / modification would decrease costs and/or result in quality improvement? If yes, which one? (Please attach)	<input type="checkbox"/>	<input type="checkbox"/>

Ausdrucke und gespeicherte Kopien unterliegen nicht dem Änderungsdienst. Gültig ist nur die im Gruner Managementsystem veröffentlichte Version.

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Indicate the maximum reject rate in ppm, you expect in the initial year		Internal	External
Phone:		Email:	
		Date:	
Name / Department		Stamp / Signature:	

Please fill out this information completely and pass them at least 2 weeks after receipt back to the sender!

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