

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.			
Is the product sufficiently defined to enable a feasibility study? If no, please attach explanations	Yes	No	
	<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)	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
Have you identified additional (production-related) special characteristics? If yes, which ones? (Please attach)	Yes	No	
	<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	Yes	No	
	<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)	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
Is SPC used for similar products and are the processes stable and capable?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
Are external processes planned? If yes, which ones? (Please attach)	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
Can you fulfill the order with the presently existing production resources? If no, please attach explanations	Yes	No	
	<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)	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
Indicate the maximum reject rate in ppm, you expect in the initial year	Internal	External	
Phone:		Email:	
Name / Department		Stamp / Signature:	

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