

Supplier CHANGE REQUEST

Change Control Nr.

Is this an emergency request: YES
(Emergency = Will impact OSS Production if not implemented in less than 30 days)

Complete this form and e-mail it to your **responsible buyer** and a copy to:
Balzers.Qualityassurance@oerlikon.com

Part Information:

Oerlikon Part Number: _____ Revision Level: _____
Supplier Part Number: _____ Revision Level: _____

Supplier manufacturing information:

Name: _____ Supplier ID: _____
Street Address: _____
City, State, Zip: _____

Design Responsibility: Oerlikon Supplier

Description of deviation / change requested:

Why is this change required?

What is the benefit for Oerlikon (List any risks or potential investment needed)?

Supporting documents provided:

Marked Up Drawing Pictures of proposed Change Measurement Report Cost Justification (RFQ Template)
 Other

Cost impact: Explain cost change per unit of measure (eg. 20 CHF / part)

Cost Increase? _____ / _____ (Estimated Annual Increase to Oerlikon (CHF))
 Cost Decrease? _____ / _____ (Estimated Annual Decrease to Oerlikon (CHF))
 No Cost Impact

Planned date of implementation: _____

Suggested date feedback needed: _____

Supplier contact information:

NAME: _____ TITLE: _____
EMAIL: _____
BUSINESS PHONE NO: _____ DATE: _____

I understand that implementation of changes can not occur until Final approval is acquired. Oerlikon will provide an approved/rejected copy of this form along with a plan on the next steps when applicable.

Print-out for information only!