

FXI SUPPLIER FORECAST of CHANGE

Automotive Material Change Management



DATE: _____

FOC LOG #: _____

SUPPLIER, LOCATION: _____

PRODUCT CODE / NAME: _____

FXI FACILITY(S) AFFECTED: _____

SUBMITTED BY: _____

SUPPLIER DIRECTED CHANGE?

FXI INITIATED CHANGE?

Description	Reason for Change	Class Rated	FXI Final Approval Date	Comments & Instructions
Details				

CLASS: A = Qualification required, three (3) non-consecutive runs.
 B = Qualification required, one (1) batch.
 C = No Qualification required, however, FXI may require at a later date.

MAIL TO: Corporate Quality Systems Manager
 Foamex Innovations, Inc
 1500 East Second Street
 Eddystone, PA 19022
 E-mail: QualityDept@fxi.com
 Fax: 610-245-2785

FXI Signature, APQP Manager: _____

Date: _____

FXI Signature, Technical Approval: _____

Date: _____

FXI Signature, Plant Manager Approval: _____

Date: _____

FXI Signature, V. Pres. Manufacturing Approval: _____

Date: _____

CONFIDENTIAL to FXI and our SUPPLIER named above.

Further Information:

Definitions / Instructions for Completion of the Forecast of Change Form:

FOC Log #: To be filled in by Quality Document Control

Supplier / Location: Your company name and plant location

Product Name: Example: name of fabric, color, code number, etc.

Submitted by: Individual for your company who is responsible for reporting changes to FXI

FXI Facility(s) Affected: List all FXI plants that will be affected by the change

Who directed the change: check box to indicate if the supplier or FXI initiated the change

Description: Describe the change that you are reporting

Reason for the Change: State your company's need or the cause for making the change

Class Rated: FXI will rate the change as "A", "B" or "C" depending on the FXI customers that will be affected by the change &/or the level of influence on FXI's products

FXI Final Approval Date: Date input by Automotive Materials Manager, or designee, after receipt of APQP Manager, Technical Approval, Plant Manager and VP of Manufacturing signatures thus approving the change in production of our products.

Comments & Instructions: This column may be used for several purposes. Examples are: What affect will this change have on foam or lamination? What appearance or special characteristic should FXI monitor more closely? Do you expect the change to require mechanical changes? FXI approval conditions to be met by supplier.

FOC Code for Sampling FXI: FXI will add a code here that is to be used by the supplier to identify samples submitted for testing.

Details: Use this for further explanation of any line above.

Class Rating "A": Qualification required after 3 non-consecutive batches or trial runs. FXI will run small -scale trials &/or production runs.

Class Rating "B": Qualification required after 1 batch or trial run and FXI has tested at some level.

Class Rating "C": No qualification is required. FXI & supplier collectively do not expect the change to affect FXI's products or customers

Mail To: Address for submitting this form including fax and current E-mail address.

FXI Approval Signature & Title: The APQP Manager, Technical Dept., Plant Manager and VP of Manufacturing must sign this form and E-mail to Corp. Quality Systems Manager to approve shipment to FXI production facilities.

Further Information: Report any information that you consider of importance to your company or FXI.