



# FXI SUPPLIER FORECAST of CHANGE

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](mailto:QualityDept@fxi.com)  
 Fax: 610-245-2785

FXI Signature, Technical Approval: \_\_\_\_\_ Title: **VP, Research & Development** Date: \_\_\_\_\_

FXI Signature, Purchasing Approval: \_\_\_\_\_ Title: **VP, Purchasing** Date: \_\_\_\_\_

Further Information:

CONFIDENTIAL to FXI and our SUPPLIER named above.

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

**Supplier / Location:** Your company name and plant location

**Product Name:** Example: TDI 80/20, Polyol 3200 MW, etc. and chemical code name – FXI code & your company code

**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 Corp. Quality Systems Manager after receipt of VP of R&D and VP of Purchasing 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 foaming? What physical or chemical characteristic should FXI monitor more closely? Do you expect the change to require mechanical or chemical 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 and FXI hand mixes, small-scale foam pours &/or production machine pours

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

**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.

**Foamex Approval Signature & Title:** The VP of R&D & the VP of Purchasing 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.