

# FramGroup

## APQP Kick-off Checklist

The purpose of this meeting is to develop a common understanding concerning the total requirements of the part/material by assuring that proper communication and buy-in occurs between our companies. Its intent is to ensure advanced product quality planning activities occur at the appropriate time and establish customer requirements for part qualification, part availability, quality, packaging, scheduling, terms & conditions, unit cost information, and tooling information.

This document should be completed and provided to the Customer Supplier Quality prior to the meeting date.

DATE: _____ _____ <i>PROD. BUYER</i> _____ <i>SQE</i> _____ <i>REL. ENGR.</i> _____ <i>Others:</i> _____ _____ _____  <i>Customer RECVG</i> _____ <i>PLANT(S)</i> _____  PART NO: _____ <i>CHANGE LEVEL</i> _____ <i>CHANGE DATE</i> _____ _____ _____	PROJECT/PROGRAM: _____ SUPPLIER: _____ SUPPLIER LOCATION: _____ _____ _____  <i>SUPPLIER CONTACTS:</i> - ACCT MGR _____ - QUALITY REP. _____ - SCHEDULING _____ _____ _____  PART DESCRIPTION: _____ _____ _____ _____ _____
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### SECTION 1. CUSTOMER REQUIREMENTS

1. Does the supplier understand all the applications and intended end uses of the parts/materials for all customers?  
 Yes    No   Explain: \_\_\_\_\_
  
2. Does the supplier have the latest information about program timing (example: Drawing release, Prototype – series, Pilots, SOP)?  
 Review Program Milestones with supplier.  
 Yes    No   Explain: \_\_\_\_\_

Key Project Milestones	Dates	Key Project Milestones	Dates
SOURCING PLAN MILESTONES – PER CUSTOMER TIMING CHARTS			

3. Does the supplier have and understand ISO TS16949 Manual, AIAG SPC, Measurement Systems Analysis Manual, PPAP and the Advanced Product Quality Planning (APQP) and Control Plan manuals?  
 Yes    No   Explain: \_\_\_\_\_

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**PACKAGING/SCHEDULING**

1. Are returnable containers required?  
 Yes    No   Explain: \_\_\_\_\_
2. Are there any packaging issues to be resolved?  
 Yes    No   Explain: \_\_\_\_\_
3. Does supplier agree to provide product in clean dunnage/containers?  
 Yes    No   Explain: \_\_\_\_\_
4. Does supplier have electronic communications capability and required systems testing complete for scheduling and shipping?  
 Yes    No   Explain: \_\_\_\_\_
5. Part Weight   Net: \_\_\_\_\_ Gross: \_\_\_\_\_

**SECTION 2. Product Design / Development**

1. Does the supplier have and understand ALL of the latest drawings and specifications?  
 Yes    No   Explain plans to obtain: \_\_\_\_\_
2. If communication link for math data exchange is needed, have contacts been established?  
 Yes    No   Explain plans to obtain: \_\_\_\_\_
3. If customer is design responsible, has a Design-FMEA review been done between supplier and the customer?  
 Yes    No   Specify planned date: \_\_\_\_\_
4. If Supplier is design responsible, has a Design-FMEA been done? Are actions in place to reduce high RPNs? Has a review with the customer engineer been completed?  
 Yes    No   Specify planned dates: \_\_\_\_\_

Note: Design responsible supplier to complete AIAG A-1 Design FMEA Checklist; specify completion date:

5. If supplier is responsible for system, has a system FMEA been completed and been reviewed?  
 Yes    No   Specify planned dates: \_\_\_\_\_
6. Has a design review been done by the supplier and reviewed with the customer product engineer?  
 Yes    No   If No, explain: \_\_\_\_\_  
If yes, has design review been approved by engineering and drawings/specifications revised as appropriate?  
 Yes    No   If No, specify plans \_\_\_\_\_  
If No, specify plans to include revisions in drawings/specifications

7. Have Special Characteristics been identified and included in drawings/specifications? Is the supplier aware of the Special Characteristics? Is the supplier's intended process able to meet the capability requirements of the Special Characteristics?

Yes  No Explain: \_\_\_\_\_

8. Does the supplier understand the critical nature of dimensions that interface with the customer's application of their mating parts?

Yes  No List all known interfaces: \_\_\_\_\_

~~10:9.~~ Are there any Mule/Alpha/Beta/Gamma/Prototype requirements?

Yes  No List them in the space below:

MRD Type & Date (Alpha, Beta, etc.)	Quantity	Supplier Promised Date	Comments – Is anything required?

~~11:10.~~ Has a Process Control Plan been developed for use during each phase of the product development life cycle?

Yes  No Explain: \_\_\_\_\_

~~12:11.~~ Are controls for Special Characteristics clearly identified?

Yes  No Explain: \_\_\_\_\_

If no explain the process to control Critical Features, e.g. Special Characteristics

~~13:12.~~ Is supplier's version of math data software compatible with the customer's version?

Yes  No Explain: \_\_\_\_\_

~~14:13.~~ Does supplier understand and accept responsibility for translation errors if an incompatible software package is utilized?

Yes  No Explain: \_\_\_\_\_

~~15:14.~~ What amount of design and or testing is required by supplier?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~16:15.~~ When and how are Design deliverables required?

\_\_\_\_\_

### SECTION 3. PROCESS DESIGN/DEVELOPMENT

1. Does the supplier understand ALL items listed on the APQP Project Plan?

Yes  No Explain: \_\_\_\_\_

2. Has the supplier filled in the APQP Timing Chart for these parts?

Yes  No Explain: \_\_\_\_\_

3. The APQP Project Plan requires 4 Supplier Program Reviews. In addition to the 4 reviews, specify your planned reporting frequency: \_\_\_\_\_

4. Have the following preliminary documents been completed?

Process Flow Chart

Yes  No Specify completion date: \_\_\_\_\_

Process FMEA

Yes  No Specify completion date: \_\_\_\_\_

Control Plan

Yes  No Specify completion date: \_\_\_\_\_

5. Has error proofing been considered during PFMEA creation?

Yes  No If No, explain plans \_\_\_\_\_

6. When will the Production Control Plan be finished? Planned date: \_\_\_\_\_

Note: Specify the date each of the following AIAG checklists will be completed:

A-6 Process Flow Chart Checklist: \_\_\_\_\_

A-7 Process FMEA Checklist: \_\_\_\_\_

A-8 Control Plan Checklist: \_\_\_\_\_

7. Are any new equipment, tooling, gages, special fixtures or test equipment needed to produce this part?

Yes  No Comment \_\_\_\_\_

Review the tooling and gage breakdown as submitted in the RFQ.

8. Are any print, material specifications or process control plan changes needed to meet these requirements?

Yes  No Explain: \_\_\_\_\_

9. Has the supplier confirmed that their suppliers will do the following:

APQP

Yes  No Explain: \_\_\_\_\_

PPAP

Yes  No Explain: \_\_\_\_\_

Run @ Rate  Yes  No  
Explain: \_\_\_\_\_

## SECTION 4.0 MANUFACTURING VALIDATION

1. Lead-time for tooling \_\_\_\_\_
2. After tool completion, lead-time for PPAP submission \_\_\_\_\_

### Production Part Approval Process-PPAP

3. Does the supplier understand the requirements for Full PPAP?  
 Yes  No Explain: \_\_\_\_\_
4. Does the supplier have all forms required for PPAP?  
 Yes  No Explain: \_\_\_\_\_
5. Have preliminary characteristics (KPCs/PQCs/KCCs) for capability studies for PPAP been defined?: \_\_\_\_\_
6. Level of PPAP Submission required \_\_\_\_\_
7. Define the number of samples to be submitted along with PPAP documentation.  
Total # of Samples: \_\_\_\_\_  
Samples per Cavity: \_\_\_\_\_  
Total # of Cavities: \_\_\_\_\_
8. Name the GM person that you will send PPAP documentation and samples to: \_\_\_\_\_
9. Lead-time for production quantities after PPAP approval \_\_\_\_\_
10. Is a production trial run required?  
 Yes  No Explain: \_\_\_\_\_
11. Will pilot (and pre-pilot, if applicable) parts be produced from 100% production tools?  
 Yes  No Explain: \_\_\_\_\_
12. Fill in the following capacity information:
  - A. Daily Lean Capacity Rate (LCR) \_\_\_\_\_
  - B. Daily Max Capacity Rate (MCR) \_\_\_\_\_
  - C. Number of tool sets required for LCR \_\_\_\_\_
  - D. Number of machines/lines/cells required for LCR \_\_\_\_\_
  - E. Capacity per tool set \_\_\_\_\_
  - F. Net capacity per day \_\_\_\_\_
  - G. Number of work hours per day \_\_\_\_\_
  - H. Number of shifts per day \_\_\_\_\_
  - I. Number of days per week \_\_\_\_\_
  - J. Maximum sustainable tooling capacity  
1) Hours per day \_\_\_\_\_  
2) Days per week \_\_\_\_\_

### Run @ Rate – Capacity Verification

1. Does the supplier understand the requirements for Run @ Rate?  
 Yes  No Explain: \_\_\_\_\_

2. Does the supplier have all of the documentation needed to perform the Run @ Rate process?

Yes  No Explain: \_\_\_\_\_

3. Run-at-Rate Decision

(Exempt, Customer/GM Monitored, Supplier Monitored) \_\_\_\_\_

4. Run-at-Rate Scheduled Date \_\_\_\_\_

5. State length of time the Run @ Rate must be performed: \_\_\_\_\_

6. Fill in the following material status information for parts from serial/production tooling, if applicable:

Material Status	Required Date	Promised Date	Comments
Parts for Matching (scribed)			
Material from serial/production tooling/serial material with dimension/function OK			
Run @ Rate approved parts			

**SECTION 5.0 – SUPPLIER QUALITY PERFORMANCE**

1. What are the supplier’s internal and external PPM ratings? \_\_\_\_\_

2. Does supplier have any parts currently in controlled shipping environment?

Yes  No Explain: \_\_\_\_\_

3. Does supplier have any customer complaints that are not resolved?

Yes  No Explain: \_\_\_\_\_

4. Review of Sourcing Risk Assessment (H,M,L) \_\_\_\_\_

5. Is supplier’s manufacturing location QMS certified to the required standard, e.g. ISO TS16949, ISO 9001?

\_\_\_\_\_

Yes Expiration Date: \_\_\_\_\_  No If no:  
Customer waiver issued?  
Planned certification date:  
Name of Registrar:

**SECTION 6.0 COMMERCIAL INFORMATION**

1. Is piece price finalized?

Yes  No

2. Was delivered pricing provided?

Yes  No

3. Has the cost for prototype parts been established?

Yes  No

Piece Price \$ \_\_\_\_\_

Tooling \$ \_\_\_\_\_

4. Is the supply location non-North American?

Yes  No

5. Is tooling cost finalized

Yes  No Explain: \_\_\_\_\_

6. Does the customer own the tooling?

Yes  No

7. Is Tooling maintenance, refurbishment and replacement included in supplier's price?

Yes  No Explain: \_\_\_\_\_

TIER II SUPPLIERS – Note the following information:

Supplier Name	Supplier Code #	Location

8. Are there any patent issues?

Yes  No Explain: \_\_\_\_\_

9. Are there any exceptions to the customer Standard Terms and Conditions

Yes  No Explain: \_\_\_\_\_

**Date:** \_\_\_\_\_

**Customer Attendees:**

**Supplier Attendees:**

Advanced Supplier Quality Engineer (ASQE)

Quality Manager

Design Release Engineer (DRE)

Program Manager

PPM/Asst.

Manufacturing Engineer

Production Buyer

Quality Engineer

Others: