

Process Change Request (PCR)

Company Name:	Date:
Site Address:	PCR#:
	Program Name:
Requestor's Name:	Program #:
Phone #:	Class:

Title of Change:		
GD Affected Parts: (List ALL parts that apply. Include an attachment for multiple parts)		
Part #:	Rev:	Part Name:
Part #:	Rev:	Part Name:
Part #:	Rev:	Part Name:

Suppliers Parts: (List ALL parts that apply. Include an attachment for multiple parts)		
Part #:	Rev:	Part Name:
Part #:	Rev:	Part Name:
Part #:	Rev:	Part Name:
Part #:	Rev:	Part Name:

Current vs. Proposed Document Changes:

Continued to page 3

<p>Description of Change:</p> <p>Current Process:</p> <p>Proposed Process:</p>	<p>Continued to page 4</p>
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Reason for Change:

Requestor's Signature: **Date:** **Continued to page 5**

Process Change Request (PCR)

EFFECTIVITY	Effect on Cost Cost Savings:	<u>If yes, provide explanation:</u>
	Effect on Quality Yield Improvement:	<u>If yes, provide explanation:</u>
	Effect on Schedule Lead-time Improvement:	<u>If yes, provide explanation:</u>
	Effect on Material Material Impact:	<u>If yes, provide explanation:</u>
GD-OTS Technical Evaluation:		Impact & Risk Assessment:
		Continued to page 6
<u>Change Notification (CN) required?</u>		<u>If yes, Enter CN #: _____ and explain:</u>
		Continued to page 7

Approval to do Work:

GD-OTS Quality Engineer:	Date:
GD-OTS Project Engineer:	Date:
GD-OTS Contract Administrator:	Date:
GD-OTS Program Manager (PM):	Date:
GD-OTS EH&S Representative:	Date:

Approval of Work Completed:

GD-OTS Quality Engineer:	Date:
GD-OTS Project Engineer:	Date:
GD-OTS Contract Administrator:	Date:
GD-OTS Program Manager (PM):	Date:
Customer's Approval:	Date:
Buyer Notifies Supplier:	Date:
Effectivity:	Date:

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Process Change Request (PCR)

Current vs. Proposed Document Changes: (Continued from page 1)

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Process Change Request (PCR)

Description of Change: (Continued from page 1)

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Process Change Request (PCR)

Reason for Change: (Continued from page 1)

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Process Change Request (PCR)

GD-OTS Technical Evaluation: Impact & Risk Assessment: (Continued from page 2)

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Process Change Request (PCR)

Change Notification (CN) required? (Continued from page2)

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PCR Instructions: (Do not include in submittal)

Appendix A:

Company Name: By Requestor of change		Date: By Requestor of change	
Site Address: By Requestor of change		PCR#: By GD-OTS QE or PE	
Requestor's Name: By Requestor of change		Program Name: By GD-OTS QE or PE	
Phone #: By Requestor of change		Program #: By GD-OTS QE or PE	
		Class: By GD-OTS QE or PE (leave blank if class is unknown)	

Title of Change: By Requestor of change		
GD Affected Parts: (List ALL parts that apply. Include an attachment for multiple parts) By Requestor of change		
Part #: GD part# (use SCD# if a vendor)	Rev:	Part Name: (use SCD name if a vendor)
Part #:	Rev:	Part Name:
Part #:	Rev:	Part Name:
<Use this location for additional part #s>	Insert prechange rev above	

Suppliers Parts: (List ALL parts that apply. Include an attachment for multiple parts)		
Part #: Vendor part #	Rev:	Part Name:
Part #:	Rev:	Part Name:
Part #:	Rev:	Part Name:
<Use this location for additional part #s>	Insert prechange rev above	

Current vs. Proposed Document Changes: **By Requestor of change:**

Submit their current document and the proposed document change. eg:

changing: xxxxx-yyy rev a to: xxxxx-yyy rev b - add new material option and new finish

Description of Change: **By Requestor of change:**

Current Process: **Explain the current approved methodology**

Proposed Process: **Explain the desired methodology**

Continued to page 4 <SELECT>

Reason for Change: **By Requestor of change:**

List and explain all issues that led to the desire to change ie cost savings, NCs, CARs, obsolescence, etc.

Requestor's Signature: **By Requestor**

Date:

Continued to page 5 <SELECT>

PCR Instructions: (Do not include in submittal)

Appendix A: Continued

EFFECTIVITY	Effect on Cost <SELECT> <u>If yes, provide explanation:</u> Cost Savings: By Requestor of change: Exact dollar values not required, but valuable if available
	Effect on Quality <SELECT> <u>If yes, provide explanation:</u> Yield Improvement: By Requestor of change: Provide current yield rates and estimates of future yields post change
	Effect on Schedule <SELECT> <u>If yes, provide explanation:</u> Lead-time Improvement: By Requestor of change: Provide current schedule delay history and estimates of schedule reductions and lead-time improvements
	Effect on Material <SELECT> <u>If yes, provide explanation:</u> Material Impact: By Requestor of change: Provide current material used and reasons/benefits of the new material(s) selected as replacements/supplements
<div style="display: flex; justify-content: space-between;"> <div> GD-OTS Technical Evaluation: Completed By GD-OTS's Proj Eng.: Must note all known risks and opportunities </div> <div> Impact & Risk Assessment: </div> </div> <div style="text-align: right; margin-top: 20px;">Continued to page 6 <SELECT></div>	
Change Notification (CN) required? <SELECT> <u>If yes, Enter CN #: _____ and explain:</u> By GD-OTS's QE or Proj Eng.: Use the WindChill CN number, the vendor and customer CN numbers can be added if known. Also explain change type (process or design) <div style="text-align: right; margin-top: 20px;">Continued to page 7 <SELECT></div>	

Approval to do Work: By GD-OTS these are signed prior to commencement of work

GD-OTS Quality Engineer: By QA Engineer to ensure that no processes are compromised	Date:
GD-OTS Project Engineer: By Project Engineer to ensure technical agreement	Date:
GD-OTS Contract Administrator: By CA to ensure that it is within contract reqs	Date:
GD-OTS Program Manager (PM): By PM to ensure the costs/risks/rewards are positive	Date:
GD-OTS EH&S Rep: ensures that no materials or process changes will affect safety	Date:

Approval of Work Completed:

GD-OTS Quality Engineer: By QA Engineer or designee	Date:
GD-OTS Project Engineer: By Project Engineer	Date:
GD-OTS Contract Administrator: By Contracts Administrator	Date:
GD-OTS Program Manager (PM): By Program Manager	Date:
Customer's Approval: By CM after receiving and saving customer approval from contracts	Date:
Buyer Notifies Supplier: By Buyer	Date:
Effectivity: By Planner	Date:

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