| ***Submit Only to SupplierManagement@insitu.com*** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Supplier Request for Engineering Assistance (SREA) | | | | | | Insitu Supplier Quality |
| Part/ Document Number  (Including Revision Level)  XXX-XXXXXX Rev XX | | Part Name | | | | PR # |
| Supplier | | Supplier Contact | | Phone # | | Date Rcv’d |
| Date Closed |
| Supplier Address, City, State, Zip | | | | Email Address | | |
| Insitu POC | Insitu Purchase Order # | | | Applicable NCMR # | | |
| Severity (always select the highest applicable)  S0 – Personnel Risk/ Critical Safety Item  S1 – Flight or Production Risk / Unable to Produce  S2 – Mission or Configuration Risk / Reliability Issues | | | | S3 – Usage Risk / Reliability Issues  S4 – Non-Critical | | |
| Reason for Request (select all that apply) | | | | | | |
| End of Life  Quality Improvement  Reporting a Problem  Cost Savings/Affordability  Other, | | Manufacturability  Finish  Weight  Material  Tolerance  Dimension | | Design/Specification Correction  Finish  Weight  Material  Tolerance  Dimension  Admin. Error | | |
| **By checking this box, Supplier grants to Insitu a non-exclusive, royalty free license for the right to make, have made, reproduce and sell any supplier Intellectual Property (IP) contained in suppliers Request for Engineering Assistance and any attached documents. Specific IP must be identified in the Proposed Solution section of this form.** | | | | | | |
| Attachments  FORM-01518, Supplier Weight Tracking Form  Marked up Drawing/Document  Cost Benefit Analysis  Test Results/Historical Data  Other, \_\_\_\_\_\_\_\_\_ | | | | Requested Date  (Preferred date change is incorporated) | | |
| Description of the Problem | | | | | | |
| Proposed Solution/Change  Clearly address the following (if applicable):   * Modification Details - What is the modification to the product definition (form/fit/function, weight), source, process, location, or other supply consideration being proposed? * Supplier Implementation Timing - How much time would be required to implement the change?     Effect of Change  Clearly address the effect of the change:   * Interchangeability - How would the change affect form/fit/function and related assemblies? * Production - How would the change affect production tooling, processes, capability, or location? * Cost - How will the change affect cost, including tooling, part cost, and value? * Priority - Support the determination if 1-3 were selected. | | | | | | |
| **Insitu Review of SREA Proposal (to be completed by Insitu)** | | | | | | |
| EOL # | | | ECR # | | ECN # | |
| Approved, updated documentation will be provided  Supplier shall not implement any design changes until revised documents have been communicated or a Supplier Request for NCM has been submitted and approved (FORM-01537, Supplier Nonconforming Material Request Form). | | | | | | |
| Pending, see additional comments | | | | | | |
| Rejection, rationale below    Re-submit SREA with the following information: | | | | | | |