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|  | **変更承認/ 特別採用 申請書 Modification Approval / Special Release** | | | | | FRM 0020.779  Version: 4  Release documented in XERI  Author: Romina Bernhard | |
|  |  | | | | | | |
| **以下を申請 / Request for** (該当項目をチェックして下さい / please check applicable) | | | | | | | |
| **変更承認 / Modification Approval** | | | **特別採用 / Special Release** | | | | |
| 生産工程 / Production process | | | 製品特性 / Product characteristic(s) | | | | |
| ツール / Tool | | | その他 / Others | | Enter text | |  |
| 生産拠点 / Production site | | |  | |  | | |
|  | | | | | | | |
| **取引先 / Supplier** | Enter text | | | | | | |
| 部品名称  Article description | Enter text | 部品番号  Article number | | Enter text | | | |
| AGV-番号 & インデックス  AGV-no. & index | Enter text | 生産拠点  Production site | | Enter text | | | |
| 図面番号 & インデックスDrawing no. & index | Enter text | 注文番号  Order no. | | Enter text | | | |
| 総数量  Total quantity | Enter text | 対象数量  Affected quantity | | Enter text | | | |
| **詳細内容、理由 / Detailed description and reasons**  (欠陥の部位、種類、数量等 / Position, kind and size of defect) | | | | | | | |

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| 年月日  Date | Date | 申請者  Applicant | Enter text | 所属・職位  Function | Enter text | 署名  Signature |  |
| 注釈: 本承認は、本変更申請承認や特採によって影響されることのない、AGVに定められた /仕様、および/またはテストされ、既に承認されたサンプルにより達成した全ての機能や製品特性を満たすという取引先の契約に基づいた義務を免除するためのものではありません。元来承認された製品の特性及び機能上に悪影響がある場合、取引先は申請した変更の承認および特別採用の責任を負うものとします。  Remark: This approval does not absolve the supplier in any way from his contractual obligation to achieve all of the features or product characteristics that are unaffected by this Modification Approval or Special Release and which are defined in the AGV’s / specifications and/or have been achieved by samples which have been tested and approved previously. The supplier bears responsibility for the requested modification approvals and special releases if they have a negative influence on the function and/or on the characteristics of the originally approved product. | | | | | | | |

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| **KS記入欄 / To be completed by KS**  **判定 / Decision**  認可 / Release  条件付承認 / Conditional approval   却下 / Rejected  手直し / Rework  8D-レポート要求 / 8D report required | | | | | | | |
| **条件、理由、手直しの種類 / Conditions, reasons or kind of rework:**  Enter text | | | | | | | |
| 年月日  Date | Date | 名前  Name | Enter text | 所属・職位Function | Enter text | 署名  Signature |  |
| **注:** 承認された全ての部品は識別すること。 要求がある場合、8D-レポートを作成すること。  **Attention:** All parts with approval need to be marked separately. If requested, an 8D-report must be created. | | | | | | | |