

## Supplier CHANGE REQUEST

<b>Supplier CHANGE REQUEST</b>	
<b>Change Control Nr.</b> <input style="width: 80%;" type="text"/>	<b>Is this an emergency request:</b> <input type="checkbox"/> <b>YES</b> <i>(Emergency = Will impact OSS Production if not implemented in less than 30 days)</i>
Complete this form and e-mail it to your <b>responsible buyer</b> and a copy to: <a href="mailto:Balzers.Qualityassurance@oerlikon.com">Balzers.Qualityassurance@oerlikon.com</a>	
<b>Part Information:</b> Oerlikon Part Number: _____ Revision Level: _____ Supplier Part Number: _____ Revision Level: _____	
<b>Supplier manufacturing information:</b> Name: _____ Supplier ID: _____ Street Address: _____ City, State, Zip: _____	
<b>Design Responsibility:</b> <input type="checkbox"/> Oerlikon <input type="checkbox"/> Supplier	
<b>Description of deviation / change requested:</b>  	
<b>Why is this change required?</b>  	
<b>What is the benefit for Oerlikon (List any risks or potential investment needed)?</b>  	
<b>Supporting documents provided:</b> <input type="checkbox"/> Marked Up Drawing <input type="checkbox"/> Pictures of proposed Change <input type="checkbox"/> Measurement Report <input type="checkbox"/> Cost Justification (RFQ Template) <input type="checkbox"/> Other	
<b>Cost impact:</b> Explain cost change per unit of measure (eg. 20 CHF / part) <input type="checkbox"/> Cost Increase? _____ / _____ <b>(Estimated Annual Increase to Oerlikon (CHF))</b> <input type="checkbox"/> Cost Decrease? _____ / _____ <b>(Estimated Annual Decrease to Oerlikon (CHF))</b> <input type="checkbox"/> No Cost Impact	
<b>Planned date of implementation:</b> _____ <b>Suggested date feedback needed:</b> _____	
<b>Supplier contact information:</b> NAME: _____ TITLE: _____ EMAIL: _____ BUSINESS PHONE NO: _____ DATE: _____	
I understand that implementation of changes can not occur until Final approval is acquired. Oerlikon will provide an approved/rejected copy of this form along with a plan on the next steps when applicable.	