



SUPPLIER CONCESSION REQUEST

1. Supplier Details

(This section to be completed by Supplier)

Name:	<input type="text"/>	Contact Person:	<input type="text"/>
Address:	<input type="text"/>	Telephone No:	<input type="text"/>
Supplier Code:	<input type="text"/>	Telefax No:	<input type="text"/>
		E-Mail Address:	<input type="text"/>

2. Concession Details

(This section to be completed by Supplier)

Methode Part no:	<input type="text"/>	Request Date:	<input type="text"/>
Part Description:	<input type="text"/>	Duration of Concession:	<input type="text"/>
Quantity effected:	<input type="text"/>		

Insert details including applicable measurement of the non conforming specification/s & submit Supplier 8D Report

Justification for Request stating why the non conforming parts may be used

3. Applicable Notes

1. This supplier concession request shall not apply to parts submitted as initial samples.
2. Supplier shall not proceed without the concession number which shall be raised and approved by Methode.
3. Failure to submit Supplier 8D with Supplier Concession Request may result in refusal of concession.
4. Non Conforming Material covered by the concession shall be clearly identified using the Supplier Concession No.
5. The Supplier shall be liable for any additional costs and/or customer penalties incurred due to this material.

4. Supplier Declaration

(This section to be completed by Supplier)

I, the undersigned hereby confirm the above information and accept the terms set in Section 3 - Applicable Notes.

Supplier Signature:	<input type="text"/>	Designation:	<input type="text"/>
Name in Blocks	<input type="text"/>	Date	<input type="text"/>

5. Approvals following evaluation / Fit for Function

(This section to be completed by Methode)

Supplier Concession No:	<input type="text"/>	Expiry of Concession:	<input type="text"/>
Supplier 8D Report Approval:	<input checked="" type="radio"/> YES <input type="radio"/> NO	Supplier 8D Report No:	<input type="text"/>
Champion:	<input type="text"/>	Date:	<input type="text"/>
ENG Approval:	<input type="text"/>	Date:	<input type="text"/>
QAM Endorsment:	<input type="text"/>	Date:	<input type="text"/>

6. Other Instructions:

Date

7. Methode Perusal

Date

Date Concession Terminated:

Signature:



RISK ASSESSMENT FOR SUPPLIER CONCESSIONS

			<i>(Identification)</i>			<i>(qualitative analysis)</i>		<i>(quantitative)</i>	<i>(risk response)</i>	<i>(monitoring & control)</i>	
Date Identified	Risk Identified By	Risk Number	Risk Description	Risk Effect	Risk Owner	Impact /Severity	Probability of Occurrence	Risk Weighting	Mitigation Plan	Current Status	Date Closed

Risk Weighting Matrix

Risk Weighting Matrix				Probability of Occurrence					
				Improbable	Semi-probable	Probable	Likely	Will Happen	
				not likely to be true or to occur	half likely to be true or to occur	something that is likely to occur or to be true	can reasonably be expected to occur or to be true	will occur, by chance or otherwise, regardless of intentions	
				1	2	3	4	5	
Impact / Severity	Low Impact / Severity	ranked below the other in importance; less than what is considered normal	1	1	2	3	4	5	
	Medium Impact / Severity	between two extremes; considered average or moderate	2	2	4	6	8	10	
	High Impact / Severity	extreme and above the normal or average level	3	3	6	9	12	15	
				<10	30	50	70	100	%