

# ISSPRO, Inc. Contract Review: Fuel Sender

Project Number	
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Company	
Contact Name, Title	
Address	
City, State, Zip	
Phone, Fax	
Email	

Date	
Initiated By	

Customer PN	
ISSPRO PN	

## Product Information

Overview of Functional Requirements			
Customer's Production Date		Packaging Requirements	
Estimated Annual Usage		Shipping Requirements	

## Customer's Production Part Approval Process (PPAP)

Is this an AUTOMOTIVE CUSTOMER? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Quality Contact	Customer Requirement: <input type="checkbox"/> First Article <input type="checkbox"/> PSW <input type="checkbox"/> PPAP (Level ____ ) <input type="checkbox"/> None <input type="checkbox"/> Certificate of Compliance <input type="checkbox"/> Other, specify below:
Phone	
Email	

### Please provide the following Quality documentation

- Drawings, specifications, sketches, or photos
- Customer Specific Requirements / supplier requirements / manuals
- Unique Characteristics

### Other Unique Characteristics / Comments / Additional Information

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Disposition of Existing Inventory:  N/A  Other:

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<b>Sender Length</b>			
<b>Usage</b>	<input type="checkbox"/> Diesel <input type="checkbox"/> Grey Water	<input type="checkbox"/> Unleaded <input type="checkbox"/> Antifreeze	<input type="checkbox"/> Hydraulic Fluid <input type="checkbox"/> Other (specify) _____
<b>Coating</b>	<input type="checkbox"/> Conformal <input type="checkbox"/> Epoxy		
<b>Anodizing</b>	<input type="checkbox"/> Clear <input type="checkbox"/> Black <input type="checkbox"/> None		
<b>Fullest Point</b>	<input type="checkbox"/> Top of tank <input type="checkbox"/> Base of filler neck (default option) <input type="checkbox"/> Other (specify)		
<b>Empty Point</b>	<input type="checkbox"/> 1" above sender bottom <input type="checkbox"/> Other (specify)		
<b>Tank Division Method</b>	<input type="checkbox"/> Divided with respect to empty and full (default option) <input type="checkbox"/> Custom division (specify)		
<b>Cap Type</b>	<input type="checkbox"/> Standard, potted (default option) <input type="checkbox"/> Standard, non-potted <input type="checkbox"/> Low Profile		
<b>Device used with:</b>	<input type="checkbox"/> Gauge <input type="checkbox"/> Controller <input type="checkbox"/> Other (specify) _____		
<b>Pressurized Tank</b>	<input type="checkbox"/> None <input type="checkbox"/> Pressurized amount (specify) _____		
<b>Resistance Curve and Tank Resolution</b>	Curve <input type="checkbox"/> SW <input type="checkbox"/> VDO <input type="checkbox"/> AC Or <input type="checkbox"/> Custom Curve		<input type="checkbox"/> Voltage
			Input Volt
			Output volt at full
			Output volt at empty
<b>Division</b>	<input type="checkbox"/> High <input type="checkbox"/> Low		
<b>System Voltage</b>	<input type="checkbox"/> 12 volt <input type="checkbox"/> 24 volt		
<b>Wire Harness Connection</b>	Harness Length _____ Connector _____		
		<b>Wire Colors</b>	<b>Connector Cavity Designation</b>
	Sender (Voltage In)		
	Voltage Out		(if applicable)
	Ground		
	High fuel alarm		(if applicable)
Low fuel alarm		(if applicable)	
<b>Alarm Circuits</b>	High level warning		
	Low level warning		

**Nutpack**

- Rubber gasket
- Screw, 10-32 x 1" PH Pan
- Screw, 10-32 x 1.25 PH Pan
- Screw, 10-32 x 1.25" PH Pan SS
- Screw, M5 x 0.08 x 30mm Hex Zinc
- Screw, 10-24 x 1" PH Pan
- Screw, 10-24 x 1.25" PH Pan SS
- Screw, 10-24 x 1.75" Hex SS
- Screw, M5 x 0.8 x 25mm SP Brass
- Lock Washers
- Flat Washers
- Other (specify)

## Design & Manufacturing Development Inputs

IATF-16949 (Sections 8.3.3.1 & 8.3.3.2)

*Instructions: These inputs shall be reviewed for adequacy. Requirements shall be complete, unambiguous and not in conflict with each other.*

a) Are there product specifications, including special characteristics? <b>If Yes, then list them:</b> _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
b) Is there any boundary and interface requirements? <b>If Yes, then list them:</b> _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
c) Are there traceability, packaging, barcoding or logistic requirements? <b>If Yes, then list them:</b> _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
d) Are there identification requirements or statutory and regulatory requirements for the country of destination? <b>If Yes, then list them:</b> _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
e) Have design and manufacturing technology alternatives been considered, including ergonomics? <b>If Yes, then list them:</b> _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
f) Has there been or does there need to be a risk assessment (DFMEA)? <b>If Yes, then list them:</b> _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
g) Have targets for product conformity (six sigma) been established? Including those for preservation, reliability, durability, serviceability, health, safety, recycling, and environmental? <b>If Yes, then list them:</b> _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
h) Are there any embedded software requirements? <b>If Yes, then list them:</b> _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
i) Are there Productivity, Process Capability, Development Timing or Cost targets? <b>If Yes, then list them:</b> _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
j) Are there any Customer Specific Requirements? <b>If Yes, then list them:</b> _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
k) Are there any experiences from previous Process Developments? <b>If Yes, then list them:</b> _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_