|  |  |  |  |
| --- | --- | --- | --- |
| Supplier Name: |       | Date: |       |
| Supplier / DUNS No.: |       | Part name: |       |
| Plant Location: |       | Part number: |       |
| Program:  |       | Drawing Date: |       |
| Model Year: |       | Eng. Change Level: |       |
| Scheduling Agreement: |        |  |  |

Run at Rate Requirements:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part** | **Daily**  | **SCR** | **Run at Rate Results** | **PPAP Status** |
| Number | **LCR** | **Capacity** | **Hours** | **Final Op.** | **Constraint** | Duration | **Full** | **Interim**  |  |
|       |       |       |       |       |       |       | [ ]  | [ ]  |  |
|       |       |       |       |       |       |       | [ ]  | [ ]  |  |
|       |       |       |       |       |       |       | [ ]  | [ ]  |  |
|       |       |       |       |       |       |       | [ ]  | [ ]  |  |
| **Total:** |  |  |  |  |  |  |  |  |  |

*Use additional pages if required.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Supplier Monitored  | [ ]  | Customer Monitored |  |  |
|   | **Yes** | **No** |
| Has the Capacity Analysis (AT-1960 – and C3) passed and is it attached?  | [ ]  | [ ]  |
| Has the subcontractors’ ability to meet the capacity and quality requirements beenconfirmed in writing by the subcontractor prior to the Run at Rate?  | [ ]  | [ ]  |
| Do the parts produced meet ATI’s quality and packaging requirements?  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| [ ]  | PASS –All Run at Rate requirements have been met and the Demonstrated Capacity is equal to or greater than the SCR and LCR. |
| [ ]  | **STAGED** - Supplier is meeting the approved plan for gradual introduction of contracted capacity. |
| [ ]  | **CUSTOMER FAIL** - Supplier met the SCR, but SCR < LCR. |
| [ ]  | **PENDING PPAP** – Supplier met Run at Rate requirements but PPAP status is “Interim”  |
| [ ]  | **FAIL** – Supplier failed the Process Control Plan Audit, failed to demonstrate ability to produce contracted capacity, or failed to provide subcontractors written verification. |

|  |
| --- |
| **Comments:**  |
|  |

Follow up scheduled:

|  |  |  |  |
| --- | --- | --- | --- |
|  |       |       |       |
| Supplier Signature | Print Name | Phone Number | Date |
|  |  |  |  |
|  |       |       |       |
| SQE Signature | Print Name | Phone Number | Date |

**INSTRUCTIONS ON FILLING OUT ABOVE SUMMARY**

* Enter the requested information in the following fields – Supplier Name, Date, Supplier/DUNS Number, Part Name, Plant Location Country, Part Number, Program, Drawing Date, Model Year, and Engineering Change Level.
* **Part Number** – Enter the Allison Part number.
* **Daily LCR** – Enter the Daily Lean Capacity Rate as specified in the Scheduling Agreement.
* **SCR** – Enter the Daily Contracted Capacity as specified in the Scheduling Agreement agreed upon by Allison and the Supplier, based on Supplier’s planned work week.
* **Daily Contracted Hours** - Enter the Daily Contracted Hours as specified in the Scheduling Agreement agreed upon by Allison and the Supplier.
* **Run at Rate Results Final Operation –** Enter the number of NET GOOD parts produced (for the duration of the run at rate) by the Final Operation in the manufacturing system. Do not include scrap. The Final Operation is identified in the Process Flow Diagram.
* **Run at Rate Results Constraint –** Enter the number of NET GOOD parts produced (for the duration of the run at rate) by the Constraint in the manufacturing system. Do not include scrap. The Constraint is identified in Attachment AT-1960-C3. The Constraint is the slowest operation in the manufacturing system.
* **Run at Rate Results Duration –** Enter the actual duration of the run at rate.
* **PPAP Status –** Check the appropriate box (Full, Interim) for the ATI Part Number under consideration.
* **Answer the next four questions by checking the appropriate box (Yes or No).**
* Based on the findings, check the appropriate box to classify the Run at Rate (Pass, Staged, Customer Fail, Pending PPAP, or Fail)
* **Comments** – Enter Comments (if any).
* **Follow up Scheduled** – if a follow up is scheduled, enter the follow up date.
* **The Supplier and the SQE MUST sign the document to make this attachment an official Run at Rate Summary.**