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|   | **SPECIFICATION CHANGE PROPOSAL** | 1. **\* SCP No:**

Issue:  |
| 1. **\* Vendor:**

**\*Address:** Contact Name: Telephone No: e-mail: | 1. **\*\*Aircraft Type: (if known)**
 | 1. **\*\*LH CR No:**
 |
| 1. **\* Component Name:**

  | **6. \* Vendor Classification:** |
| Major  |
| Minor  |
|  |  | ReachAnnex (see Box 17) |
| 1. **\* Description of Change:**
 | **6a. \* Vendor Code:** |
| 1. **\* Need for Change:**
 |
| 1. **\* Existing Vendor Part Number:**
 | 1. **\* New Vendor Part Number:**
 |
| 1. **\*\*Existing LH Part Number: (if known)**
 | 1. **\*\*New LH Part Number:**
 |
| 1. **Drawing / Technical Specification Affected:**
 |
| 13a. Drawing: |
|  13b. Technical Specification: |
| 13.c Drawing revision:  | 13d: TS revision:  |
| 1. **\* Modification Impacts:**

(Enter Y or N and provide details in Box 17. Modification Impact Details) |
| **Engineering/Configuration:** |  | **Supportability:** |  | **Costs:** |  |
| 1. Interchangeability Physical
 |  | i. Reliability |  | o. Design Preparation |  |
| 1. Interchangeability Functional
 |  | j. Maintainability |  | p. Design Development |  |
| 1. Performance
 |  | k. Spares |  | q. Embodiment |  |
| 1. Safety
 |  | l. Technical Publications |  | r. Modification Kit |  |
| 1. EMC
 |  | m. Servicing |  | s. Special Tools |  |
| 1. Mass
 |  | n. Training |  |  |  |
| 1. Production
 |  |  |  |  |  |
| 1. Ground Support & Test Equip
 |  |  |  |  |  |
|  Other |  | Other |  | Other |  |
| **15. Cost Liability:**(Enter Yes or No) |  |  |
| Leonardo Helicopters: | Vendor: |
| **16. \* Vendor Modification Approval:**  |
| Vendor Technical Approval | Vendor Commercial Approval |
| Name: | Signature: | Date: | Name: | Signature: | Date: |
|  |  |  |  |  |  |

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|  | **SPECIFICATION CHANGE PROPOSAL** | 1. **SCP No:**

 Issue: |
| 1. **LH CR No:**
 |
| 1. **\* Modification Impact Details:**

(Provide details for those impacted (Y) in Box 14. Modification Impacts). Attach any supporting documentation if required. |
|  |

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| --- | --- | --- |
|   | **SPECIFICATION CHANGE PROPOSAL** | 1. **SCP No:**

Issue: |
| 1. **LH CR No:**
 |
| **18. LH Modification Number:** [to be completed by LH] |
| **19. LH Modification Approval:** [to be completed by LH where applicable] |
| **Aircraft Type:** |
| ENGINEERING EQUIPMENT APPROVALSComments: | ENGINEERING SPECIALISTComments: | ENGINEERING SPECIALISTComments: | CHIEF PROJECT ENGINEER [Approval and Liability] Comments: |
| Name: | Name: | Name: | Name: |
| Signature: | Signature: | Signature: | Signature: |
| Date: | Date: | Date: | Date: |
|  |
| PROCUREMENTComments: | COMMERCIAL[Approval and Liability]Comments: | CONFIGURATION MANAGEMENT Comments: |
| Name: | Name: | Name: |
| Signature: | Signature: | Signature: |
| Date: | Date: | Date: |
|  |
| **Aircraft Type:** |
| ENGINEERING EQUIPMENT APPROVALSComments: | ENGINEERING SPECIALISTComments: | ENGINEERING SPECIALISTComments: | CHIEF PROJECT ENGINEER [Approval and Liability] Comments: |
| Name: | Name: | Name: | Name: |
| Signature: | Signature: | Signature: | Signature: |
| Date: | Date: | Date: | Date: |
|  |
| PROCUREMENTComments: | COMMERCIAL[Approval and Liability]Comments: | CONFIGURATION MANAGEMENT Comments: |
| Name: | Name: | Name: |
| Signature: | Signature: | Signature: |
| Date: | Date: | Date: |
| **Aircraft Type:** |
| ENGINEERING EQUIPMENT APPROVALSComments: | ENGINEERING SPECIALISTComments: | ENGINEERING SPECIALISTComments: | CHIEF PROJECT ENGINEER [Approval and Liability] Comments: |
| Name: | Name: | Name: | Name: |
| Signature: | Signature: | Signature: | Signature: |
| Date: | Date: | Date: | Date: |
|  |
| PROCUREMENTComments: | COMMERCIAL[Approval and Liability]Comments: | CONFIGURATION MANAGEMENT Comments: |
| Name: | Name: | Name: |
| Signature: | Signature: | Signature: |
| Date: | Date: | Date: |
|  |
| **Aircraft Type:** |
| ENGINEERING EQUIPMENT APPROVALSComments: | ENGINEERING SPECIALISTComments: | ENGINEERING SPECIALISTComments: | CHIEF PROJECT ENGINEER [Approval and Liability] Comments: |
| Name: | Name: | Name: | Name: |
| Signature: | Signature: | Signature: | Signature: |
| Date: | Date: | Date: | Date: |
|  |
| PROCUREMENTComments: | COMMERCIAL[Approval and Liability]Comments: | CONFIGURATION MANAGEMENT Comments: |
| Name: | Name: | Name: |
| Signature: | Signature: | Signature: |
| Date: | Date: | Date: |

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|  | **SPECIFICATION CHANGE PROPOSAL** | 1. **SCP No:**

Issue: |
| 1. **LH CR No:**
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| **20. LH Decision:** | Approved |  | Rejected |  |

LH Decision Comments:**21. Continuation Sheet:**  |
|   | **SPECIFICATION CHANGE PROPOSAL** | **1 SCP No:**Issue: |
| 1. **LH CR No:**
 |
| **22. Distribution List** [to be completed by LH] |
|  **22a. Program Manager (s)** |
| Name: |  |
| Name: |  |
| Name: |  |
|  **22b. CPE**  |
| Name: |  |
| Name: |  |
| Name: |  |
|  **22c. Engineering**  |
| Name: |  |
| Name: |  |
| Name: |  |
|  **22d. Procurement** |
| Name: |  |
| Name: |  |
|  **22e. Configuration Management** |
| Name: |  |
| Name: |  |
| Name: |  |
| Name: |  |
|  **22f. Supplier** |
| Name: |  |
| Name: |  |
|  **22g. Other** |
| Name: |  |
| Name: |  |
| Name: |  |
| Name: |  |

**Guidelines for SCP Completion**

**PLEASE NOTE: The boxes marked with \* are mandatory fields to be filled out by the supplier.**

 **The boxes marked with \*\* are mandatory field to be filled out by LH.**

**On completion of the SCP it is to be submitted to LH in accordance with the Company requirements.**

**This form and any supporting data *must* be sent to the following email address:**

**LH ITA procurement/perimeter:** scp.lhd@leonardo.com

**LH UK procurement/perimeter:** Data.Control\_Centre.AW@leonardocompany.com

**Box 1: SCP Number –** Enter the Change Proposal (Vendor numbering) reference and issue number on each page.

**Box 2: Vendor –** Enter Vendor Trading Name; Address; Contact Name; Telephone Number and e-mail address.

**Box 3: Aircraft Type –** Enter Aircraft Type including Mark if applicable.

**Box 4: LH CR Number –** Enter the allocated LH Change Request (CR) number on each page for the proposal if known.

**Box 5: Component Name –** Enter the component name for modification. This can be hardware, software or a combination of both.

**Box 6: Vendor Classification and REACh theme -** Enter classification of modification; mark for Reach case;

Refer to contracted Purchase Order for Terms & Conditions or Statements of Work which define modification classifications.

In case of REACh products mark the relevant box, the SCP should be sent divided by process.

**Box 6a: Vendor Code** **–** Enter the Vendor code (SAP 21XXXXXX).

**Box 7: Description of Change –** State the title of the change and a description of the component to be modified with the details of the change(s). Additional information such a drawings/sketches/diagrams which aid the description can be used in Box 22 Continuation Sheet.

**Box 8: Need for Change –** Detail the need for the change(s) and state the nature of the improvement, failure, incident, malfunction etc. supporting the need for the change.

**Box 9: Existing Vendor Part Number –** Enter the current Vendor Part Number as supplied to LH.

**Box 10: New Vendor Part Number –** Enter the new Vendor Part Number to be allocated to LH.

**Box 11: Existing LH Part Number –** Enter the current LH Part Number as allocated by LH if applicable/if known.

**Box 12: New LH Part Number –** Enter the new LH Part Number if applicable/ if known.

**Box 13: Drawing/ Technical Specification Affected –** Enter the assembly drawing and/or the Technical specification reference affected by the modification.

**Box 14: Modification Impacts –**

* Place Y or N in all adjacent boxes next to the title.
* For titles identified Y, provide details in Box 17 Modification Impact Details.
* Identify any other impacts not stated on the SCP.

**Box 15: Cost Liability -** Enter YES or NO to indicate if the change proposal costs are affected. An X will indicate if the costs are LH or Vendor liability.

**Box 16: Vendor Modification Approval –**

* **Vendor Technical Approval –** The Vendor Design specialist responsible for the approval of the technical content of the modification proposal, shall print his/her name, sign and date the SCP.
* **Vendor Commercial Approval –** The Vendor Commercial representative responsible for the approval of Cost (Box 14) and Liability (Box 15) impacts of the modification shall print his/her name, sign and date the SCP.

**Box 17: Modification Impacts Details –** Provide details of impacts from those titles identified (Y) in Box 14.

**Box 18: LH Change/Modification Number [to be completed by LH] –** If the SCP is approved by LH then LH CM will enter a change/modification number (Change Collector) into this box.

**Box 19: LH Modification Approval: [to be completed by LH]** – LH Engineering & Configuration Management to provide any comments and modification approval; Procurement and Commercial as required.

**Box 20: LH Decision –** An X in the relevant box will indicate the LH decision for Approval or Rejection and comments will be added as required. Approval of the SCP authorises the Supplier to proceed with the modification.

**Box 21: Continuation Sheet –** Add any additional information to support the SCP e.g. drawings/sketches/diagrams which aid the description. If not used do not submit this page.

**Box 22: Distribution List –** List all the involved people who need to receive the SCP and related documentation.