Annex B (normative) : Customer Approved Sources Form

1. To be send in with each quotation.
2. If nominated and when order received, immediately after acceptance of the received PPAP request, the Annex B provided with the quotation is to be uploaded at section 17 Records of Compliance.
3. Only after written approval of the designated SQM, this Annex B is allowed to be replaced with a new issue (in the PPAP). The written approval from the SQM shall be uploaded with the updated version.

| Global / Forward Sourcing Nr.: | | Supplier DUNS number: | | Issue number:  1 |
| --- | --- | --- | --- | --- |
| Scania Supplier No.: | Supplier name: | Part No.: | Part description: | |
| Surface treatment (STD4310)  Not applicable  In house surface treatment  External surface treatment  Name and location of sub-contractors (List Scania approved sub-contractors is published on Scania Supplier Portal)    **Verification of corrosion resistance according to:**  STD4113 Organic surface treatment / STD 4165 Flake coatings and electrolytic zinc coatings/  STD4446 Anodised aluminium  Corrosion test to be verified on:  Specific part  Similar part in part family (STD4310 4.7 – Part family) *Enter part no.........................*  Heat treatment (STD4259)  Not applicable  Heat treatment agreement signed  If no signed agreement  In house heat treatment  External heat treatment  Name of external company/ies    Steel works (STD4273)  Not applicable  Steel supplier agreement signed  If no signed agreement  In house steel work  External steel work  Name of external company/ies    Forgings (STD4150)  Not applicable  In house forging  External forging  Name of external company/ies:    Ductile iron casting (STD4477)  Not applicable  In house casting  External casting  Name of external company/ies:    Shot peening of Scania designed parts (STD4451)  Not applicable  In house shot peening  External shot peening  Name of external company/ies:    Injection moulding tools (STD4375)  Not applicable  In house tool maker  External tool maker  Name of external company/ies:    Additional comments | | | | |
| Supplier signature (Quality Mgr or similar) | | Date: | | |
| Email address: | | |
| Clarification of signature (name): | | Telephone number | | |