


## Production Control Supplier Manual

Section	Title	Control No.
<b>Packaging</b>	<b>Procedure for Returnable Packaging Deviations</b>	<b>PKG-007</b>
Date Issued : 2-23-99	Date Revised : 7-21-11 (New format) 	

### Purpose:

To define the procedure for Returnable Packaging Deviation Request and accurately complete the Deviation Request Form.

### Responsibilities:

1. In the event of a returnable packaging shortage, the supplier may be able to use expendable back-up packaging.
  - **A packaging deviation should only be requested when no empty returnable containers are available for shipping.**
  - **\* If returnable packaging arrives prior to shipment, parts must be repacked.**
  - **A deviation will not be approved if inventory levels at DMMI and / or the supplier are not acceptable. \* If DMMI is able to cut part of the order, the deviation will not be approved.**

Before using the expendable packaging, the supplier must have prior approval from DMMI PCL.

#### A. Requesting a Deviation

- Complete the returnable packaging deviation form.
- Submit the form by e-mail to DMMI\_Deviation\_ [Request@DENSO-diam.com](mailto:Request@DENSO-diam.com) (required 24 hrs. before shipping)
- DMMI Production Control Logistics (PCL) will review and issue an approval or rejection to the supplier.
- Attach a copy of the approved deviation to each pallet shipped in expendable packaging.


#### B. DMMI Approval or Rejection

- DMMI will approve or reject supplier request based on inventory investigation results.



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- DMMI PCL is approving the shipment in expendable packaging, not the cost.
- Deviations received with less than 24 hours notice, \* prior to shipping or, not filled out completely will be rejected.

### C. Payment for expendable Packaging

- Invoices must be submitted on a monthly basis to \* DMMI PCL. \* Reimbursement will be for material only.

\* Submit invoices by e-mail to [DMMI\\_Deviation\\_Request@DENSO-diam.com](mailto:DMMI_Deviation_Request@DENSO-diam.com).


- Invoices must be submitted within the first half of the month, following the month of use. (Example: Expendable packaging used in Jan. would be invoiced by Feb. 15<sup>th</sup> to DMMI)
- Invoices must include copies of the approved packaging deviations, as well as purchase order or invoice for expendable boxes.

## II. Completing the Deviation Request (see page #4)

Supplier completes the following:

Supplier:	<u>Supplier (company) name</u>
Supplier Contact Name:	<u>Name of person requesting deviation</u>
Supplier Fax Number:	<u>Number that the deviation is to be faxed to when complete</u>
Supplier E-Mail:	<u>Supplier E-Mail address</u>
Request Date:	<u>Date when request is e-mailed to DENSO</u> <u>This must be 24 hours prior to shipping.</u>
Ship Date:	<u>Date product will be shipped from supplier.</u>
Part Number :	<u>DENSO part number</u>
Manifest Number:	<u>Number on Manifest for identification.</u>

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Pkg. Code: Alpha-numeric code given by DENSO to all DENSO-owned returnable packaging. (Example: SPC-GT4I)

Qty. (pcs) in Expendable: Number of pieces requested to ship in expendable packaging.

Supplier Inventory: The supplier must provide a complete packaging inventory of any tote style for which a deviation is requested. Do not inventory totes that do not require deviations.

Supplier Comments: Include any pertinent items if necessary.

DENSO completes the following:

DMMI DOH Target: Inventory goal by part number, per DWOS.

DMMI DOH Actual: Actual inventory at DENSO.

Approve or Reject: If deviation is acceptable, DENSO will approve. If deviation is unacceptable, DENSO will reject.

DMMI Response: DMMI PCL will indicate the appropriate box if the product needs to be repacked when received by DMMI.

Comments: Include any pertinent items if necessary.

DMMI PCL Signature: Specialist responsible for the requested deviation.



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Date Issued : 2-23-99
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Form is located at: G: PRD CTRL/ PCE/ PCEFORM/ Deviation form. (xls)

**DENSO** **RETURNABLE PACKAGING DEVIATION FORM**

**Must be submitted 24 hours prior to shipping**

DENSO Manufacturing Michigan  
One Denso Road  
Battle Creek, MI 49015

**Please e-mail this deviation to: DMMI\_Deviation\_Request@DENSO-diam.com**  
A signed copy of this form must be attached to each pallet shipped.  
Receipt of signed deviation does not guarantee reimbursement of packaging costs.  
Product must be shipped even if signed deviation is not received. Please notify us by e-mail if this occurs.

SUPPLIER INFORMATION- REQUIRED			
SUPPLIER _____	MANIFEST # _____	TIME _____	CIRCLE ONE
SUPPLIER CONTACT _____	REQUEST DATE _____		AM/PM
SUPPLIER E-MAIL & PHONE NUMBER _____	SHIP DATE _____		AM/PM

SECTION I: Part Numbers												
SUPPLIER TO FILL ON EACH BOX										DMMI TO FILL IN		
DMMI Part Number	Packaging Code	# Boxes Requested to Ship	Cost Per Box (Include Damage)	Total Cost	# Wood Pallets Used	Cost Per Pallet	Total Cost	Total Cost of Pkg for Part	Supplier Inventory of Returnable packaging	Reason for Shortage	DMMI DOH Target	DMMI DOH Actual
		0	\$ -	\$ -	0	\$ -	\$ -	\$ -				
		0	\$ -	\$ -	0	\$ -	\$ -	\$ -				
		0	\$ -	\$ -	0	\$ -	\$ -	\$ -				
		0	\$ -	\$ -	0	\$ -	\$ -	\$ -				
		0	\$ -	\$ -	0	\$ -	\$ -	\$ -				
GRAND TOTAL				\$ -		\$ -	\$ -	\$ -				

\* REASON CODE: 1 = CONTAINER SHORTAGE 2: INCREASED DMMI ORDER 3: ADVANCED BUILD

CURRENT SUPPLIER PACKAGING INVENTORY									
TOTE TYPE	TOTAL TOTES AT SUPPLIER (FULL & EMPTY)	TOTE TYPE	TOTAL TOTES AT SUPPLIER (FULL & EMPTY)	TOTE TYPE	TOTAL TOTES AT SUPPLIER (FULL & EMPTY)	TOTE TYPE	TOTAL TOTES AT SUPPLIER (FULL & EMPTY)	TOTE TYPE	TOTAL TOTES AT SUPPLIER (FULL & EMPTY)
LS4D		GT4H							
LS5D		GT7H							
LS6D		GT3I							
LS7D		GT4I							
LS5F		GT4K							
LS6F		LS6L							
GT7H		LS7L							
GT3H		LS9L							

MUST BE SUBMITTED IN ORDER TO OBTAIN APPROVAL

SECTION II: Supplier Comments

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SECTION III: DMMI Response

COMMENTS:

REPACK REQUIRED? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	<table border="1" style="font-size: x-small;"> <tr><th>REJECT REASON (CHECK ALL THAT APPLY)</th><th> </th><th> </th><th> </th></tr> <tr><td>24 hr notice not given</td><td> </td><td>Order to be cut- DOH too many</td><td> </td></tr> <tr><td> </td><td> </td><td>Required information not complete</td><td> </td></tr> </table>	REJECT REASON (CHECK ALL THAT APPLY)				24 hr notice not given		Order to be cut- DOH too many				Required information not complete		Other (Describe)
REJECT REASON (CHECK ALL THAT APPLY)														
24 hr notice not given		Order to be cut- DOH too many												
		Required information not complete												
DMMI SIGNATURE _____														

\* Denotes change

End of Procedure