

NPP (NEW PRODUCT PROPOSAL) CHECKLIST NPP# _____

DESCRIPTION: _____ SKU # _____

RESPONSIBLE ENGINEER _____ DATE _____

1. REVIEW NPP

2. DEFINE PRODUCT CONFIGURATION AND SPECIFICATIONS & CUSTOMER REQUIREMENTS

- Co-development with Ammunition Y/N _____
Respon. Indiv. _____
- Part Order Barrels Required Y/N _____
- Affect on Accessories Y/N _____
- Requested Warehouse Date: _____
- Initial Warehouse Qty: _____
- Total Qty: _____

3. REVIEW SAMPLE/MOCK-UP YES/ NO

- Sample Date _____

4. SIMILAR PRODUCTS YES NO

- Similar SKU(s) _____
- Past similar product issues: Y/N (See Notes)

5. MARKET CONSIDERATIONS YES NO

- Evaluation of Competitors Products Y/N
- Must ship Date _____ Y/N

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6. PAST PROBLEMS W/PRODUCT YES NO**7. ARMS SERVICE ISSUES**

- | | |
|---|-----|
| - Any New Components | Y/N |
| - Any Special Tooling, Gages, Reamers, etc. That Arms Service Needs | Y/N |
| - Any Special Gun Smith Training Required | Y/N |
| - Any New Malfunction Codes for Arms Service Database | Y/N |

8. TOOLING/FIXTURE/GAGE CONCERNS YES NO

- | | | |
|---------------------------------|-------------------------|--------------------|
| | <u>Respon. Individ.</u> | <u>Compl. Date</u> |
| - Potential Long lead times Y/N | | |
| - Potential Tooling Issues Y/N | | |

9. EQUIPMENT CONCERNS YES NO

- | | | |
|----------------------------------|-------------------------|--------------------|
| | <u>Respon. Individ.</u> | <u>Compl. Date</u> |
| - Potential Long lead times Y/N | | |
| - Potential Equipment Issues Y/N | | |

10. SPECIAL PACKAGING/LABELS YES NO

- | | | |
|--|-------------------------|--------------------|
| | <u>Respon. Individ.</u> | <u>Compl. Date</u> |
|--|-------------------------|--------------------|

11. PRODUCTION CAPACITY & CONCERNS YES NO

- | | | |
|--|-------------------------|--------------------|
| | <u>Respon. Individ.</u> | <u>Compl. Date</u> |
| - Bottle Neck Issues Y/N | | |
| - T&P (Trial & Pilot) New Process(s) Y/N | | |

12. SCHEDULING & PLANNING ISSUES YES NO

- | | | |
|---------------------------------|-------------------------|--------------------|
| | <u>Respon. Individ.</u> | <u>Compl. Date</u> |
| - Affect on Master Schedule Y/N | | |

13. PURCHASING ISSUES YES NO

- | | | |
|-------------------------------|-------------------------|--------------------|
| | <u>Respon. Individ.</u> | <u>Compl. Date</u> |
| - Vendor Lead Time Issues Y/N | | |

14. PERSONNEL CONCERNS YES NO

- | | | |
|----------------------------------|-------------------------|--------------------|
| | <u>Respon. Individ.</u> | <u>Compl. Date</u> |
| - Additional Personnel Req'd Y/N | | |
| - Training Req'd Y/N | | |

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15. PICK DESIGN LOCATION

E-Town _____ **Ilion** _____ **Mayfield** _____
 Respon. Individ. Respon. Individ. Respon. Individ.

Design Transmittal _____
 Respon. Individ. Est. Compl. Date

16. WHICH PRODUCTION FACILITY

Ilion _____ **Mayfield** _____
 Respon. Individ. Respon. Individ.

17. COST ISSUES

- Review NPP Cost
- Any Unusual Costs Y/N

18. PROCEED TO NPO (New Product Order) YES NO

 Respon. Individ. Compl. Date

19. PROJECT SUBMISSION & APPROVAL YES NO

 Respon. Individ. Compl. Date

**20. EET REQUIRED
(Engineering Evaluation & Test)****YES NO**

 Respon. Individ. Compl. Date

**21. NPO REVIEW
(8 weeks after Design Transmittal*)****YES NO**

- Issue New Product Checklist

 Respon. Individ. Compl. Date

(*Denotes average time to completion)

NOTES: (Use Checklist Reference Numbers)

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