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ENGINEERING CHANGE NOTICE

Originator: _____ **Reza Esmaeili**
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Department _____ **ENGINEERING**

Date:	Document Number
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Revision Number	SHEET
1	1 of 1

CHANGE TYPE

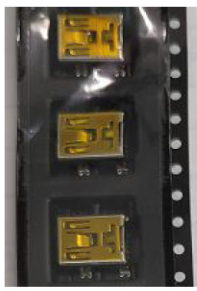
- CLASS I** Customer notification and approval required prior to implementation
- CLASS II** Customer notification only, no approval required
- CLASS III** No customer notification required

REASON OF CHANGE

690-005-299-043: Change the color of pockets to identify easily the direction of products packed in pockets correctly or not when inspecting them via the visual check on these reels.

DESCRIPTION OF CHANGE:

The size of the packaging remains the same. Color is changed to transparent to allow easy inspection.



Was



Is



PARTIES AFFECTED

- Customer
- Distributors
- Suppliers

- NORCOMP
- MH
- ETW

- ECA
- EDG
- EDAC UK

KEY TARGET DUE DATES IF CHANGE IS APPROVED TO PROCEED (check if applicable and show target dates as known)

- Submit Quote _____
- Prod. Trial Run _____
- Run at Rate _____
- PPAP from Supplier _____
- MRD of Production Parts _____

ACKNOWLEDGEMENT FOR ECN INITIATION: (OPTIONALS)

- | | |
|---|--|
| <input type="checkbox"/> Tooling Rep _____ | <input type="checkbox"/> Process Eng Rep _____ |
| <input type="checkbox"/> Mfg Eng Rep _____ | <input type="checkbox"/> Facilities Rep _____ |
| <input type="checkbox"/> Production Rep _____ | <input type="checkbox"/> Sales Rep. _____ |
| <input type="checkbox"/> Materials Rep _____ | <input type="checkbox"/> Product Eng. Rep. _____ |
| <input type="checkbox"/> Quality Rep _____ | <input type="checkbox"/> Purchasing Rep _____ |

STATUS

APPROVED

CCS CHANGE REQUEST #

APPROVALS FOR ECN INITIATION (REQUIRED)

- | | | |
|--|--|--------------------|
| <input checked="" type="checkbox"/> President _____ | <input checked="" type="checkbox"/> Engineering Manager _____ | Ronnie Sta. Monica |
| <input checked="" type="checkbox"/> Vice President Bob Sakitkovski | <input checked="" type="checkbox"/> Mechanical Engineer _____ | Reza Esmaeili |
- MINIMUM OF TWO SIGNATURES REQUIRED**

REJECTED

Change REJECTED by: _____

Rejected Date: _____