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ENGINEERING CHANGE NOTICE

Originator: _____ Phone No. _____ Email Address: _____ Department _____	Harsh Patel	Date:	Document Number
	(416) 754-3322	April 21, 2021	ECN20210421-00
	Hpatel@edac.net	Revision Number	SHEET
	ENGINEERING	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

Discontinuance / End of Life of 368 Series CARD EDGE CONNECTOR.(Below mentioned Part numbers)

- 368-004-520-201
- 368-004-540-201
- 368-006-520-201
- 368-006-520-300
- 368-006-540-201
- 368-006-620-201
- 368-006-640-201

DESCRIPTION OF CHANGE:

1. EDAC decided to discontinue it because tooling had worn out.

2. April 21, 2021, Running change implementation depending on inventory. No new production order will be accepted.

PARTIES AFFECTED

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Customer | <input type="checkbox"/> NORCOMP | <input checked="" type="checkbox"/> ECA |
| <input checked="" type="checkbox"/> Distributors | <input type="checkbox"/> MH | <input checked="" type="checkbox"/> EDG |
| <input type="checkbox"/> Suppliers | <input checked="" type="checkbox"/> ETW | <input checked="" type="checkbox"/> EDAC UK |

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

- | | |
|--|--|
| <input type="checkbox"/> Submit Quote _____ | <input type="checkbox"/> PPAP from Supplier _____ |
| <input type="checkbox"/> Prod. Trial Run _____ | <input type="checkbox"/> MRD of Production Parts _____ |
| <input type="checkbox"/> Run at Rate _____ | |

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 <input type="checkbox"/>
CCS CHANGE REQUEST #
REJECTED <input type="checkbox"/>
Change REJECTED by:
Rejected Date:

APPROVALS FOR ECN INITIATION (REQUIRED)

<input type="checkbox"/> <input type="checkbox"/> President _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Engineering Manager _____ Ronnie Sta. Monica
<input type="checkbox"/> <input type="checkbox"/> Vice President Bob Sakitkovski _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Mechanical Engineer _____ Harsh Patel

MINIMUM OF TWO SIGNATURES REQUIRED