

		161 Alden Road, Units 7 & 8, Markham, Ontario Canada L3R 3W7 Tel: +1 416 754-3322 Fax: +1 416-754-3299 Email: support@edac.net http://www.edac.net ENGINEERING CHANGE NOTICE	
Originator:	Mit Patel	Date:	Document Number
Phone No.	416-754-3322	January 17, 2025	20250117-00
Email Address:	mpatel@edac.net		
Department	Quality	Revision Number	SHEET
		1	1 of 1

CHANGE TYPE:

<input type="checkbox"/> CLASS I	Customer notification and approval required prior to implementation
<input checked="" type="checkbox"/> CLASS II	Customer notification only, no approval required
<input type="checkbox"/> CLASS III	No customer notification required

REASON OF CHANGE

Potential error on distributor platforms, causing confusion for customers and stakeholders.

DESCRIPTION OF CHANGE:

This ECN is formalize the removal of Part No: 346-240-328 that never exist in EDAC database.

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	_____	<input type="checkbox"/> UL / CSA / RoHS / REACH	_____

ACKNOWLEDGEMENT FOR ECN INITIATION: (OPTIONALS)		STATUS
<input type="checkbox"/> Tooling Rep <input type="checkbox"/> Mfg Eng Rep <input type="checkbox"/> Production Rep <input type="checkbox"/> Materials Rep <input type="checkbox"/> Quality Rep	<input type="checkbox"/> Marketing Rep <input type="checkbox"/> Facilities Rep <input type="checkbox"/> Sales Rep. <input type="checkbox"/> Product Eng. Rep. <input type="checkbox"/> Purchasing Rep	<div style="background-color: #90EE90; padding: 10px; margin-bottom: 10px;"> APPROVED CCS CHANGE REQUEST # _____ </div> <div style="background-color: #FFDAB9; padding: 10px;"> REJECTED Change REJECTED by: _____ Rejected Date: _____ </div>
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

APPROVALS FOR ECN INITIATION (REQUIRED)

<input checked="" type="checkbox"/> General Manager <input checked="" type="checkbox"/> Engineering Manager <input checked="" type="checkbox"/> Business Development Manager	Bob Sakitkovski Ronnie Sta Monica Kobie Samuels	<input checked="" type="checkbox"/> Quality Engineer <input checked="" type="checkbox"/> Engineer	Mit Patel Jacky Lai
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2/20/25