

		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	April 28, 2025	20250428-00
Email Address:	mpatel@edac.net		
Department	Quality	Revision Number	SHEET
		1	1 of 4

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

End of life: The tool has reached End of life

DESCRIPTION OF CHANGE:

Part number M00-355-001 has been made obsolete and is now replaced by the direct equivalent part M00-862-001. There is no change of dimension, and it does not impact the form, fit, or function.

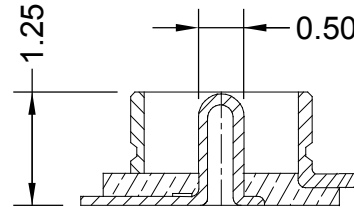
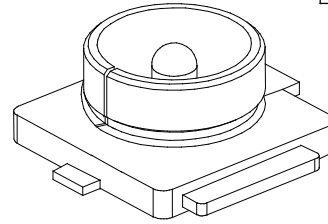
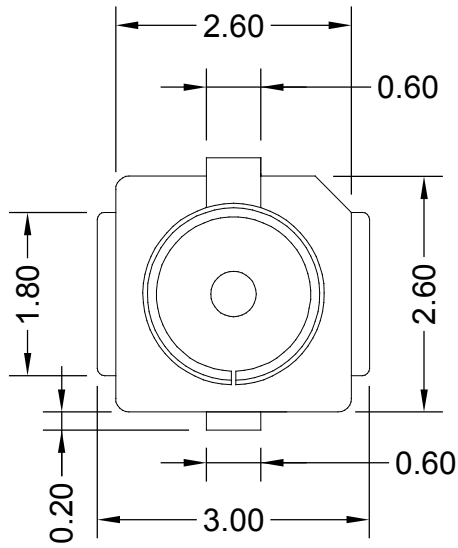
PARTIES AFFECTED

<input checked="" type="checkbox"/> Customer <input checked="" type="checkbox"/> Distributors <input type="checkbox"/> Suppliers	<input type="checkbox"/> NORCOMP <input type="checkbox"/> MH <input checked="" type="checkbox"/> ETW	<input checked="" type="checkbox"/> ECA <input checked="" type="checkbox"/> EDG <input checked="" type="checkbox"/> EDAC UK
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KEY TARGET DUE DATES IF CHANGE IS APPROVED TO PROCEED (check if applicable and show target dates as known)

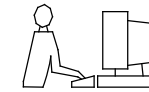
<input type="checkbox"/> Submit Quote _____ <input type="checkbox"/> Prod. Trial Run _____ <input type="checkbox"/> Run at Rate _____	<input type="checkbox"/> PPAP from Supplier _____ <input type="checkbox"/> MRD of Production Parts _____ <input type="checkbox"/> UL / CSA / RoHS / REACH _____
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ACKNOWLEDGEMENT 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 checked="" type="checkbox"/> Quality Rep <u>Mit Patel</u>	<input checked="" type="checkbox"/> Marketing Rep <u>Marco Lamanna</u> <input type="checkbox"/> Facilities Rep _____ <input type="checkbox"/> Sales Rep. <u>Esther Marothy</u> <input type="checkbox"/> Product Eng. Rep. _____ <input type="checkbox"/> Purchasing Rep _____	APPROVED <input checked="" type="checkbox"/> CCS CHANGE REQUEST # _____
APPROVALS FOR ECN INITIATION (REQUIRED)		REJECTED <input type="checkbox"/> Change REJECTED by: _____ Rejected Date: _____
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> General Manager <u>Bob Sakitkovski</u> </div> <div> <input checked="" type="checkbox"/> Quality Engineer <u>Mit Patel</u> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Engineering Manager <u>Ronnie Sta Monica</u> </div> <div> <input checked="" type="checkbox"/> Engineer <u>Jacky Lai</u> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Business Development Manager <u>K. Samuels</u> <u>5/1/25</u> </div> </div>		



TOLERANCE UNLESS OTHERWISE SPECIFIED	
.XX	±0.15
.XXX	±0.10
0.0°	±1°

THIS IS A C.A.D. GENERATED DRAWING
DO NOT MAKE MANUAL REVISIONS TO MASTER.



ISSUE NUMBER	
ORIGINAL	①
UPDATE SPECS	
Y.ZHANG	APR.11/2018 ②

NOTES:

MATERIAL:

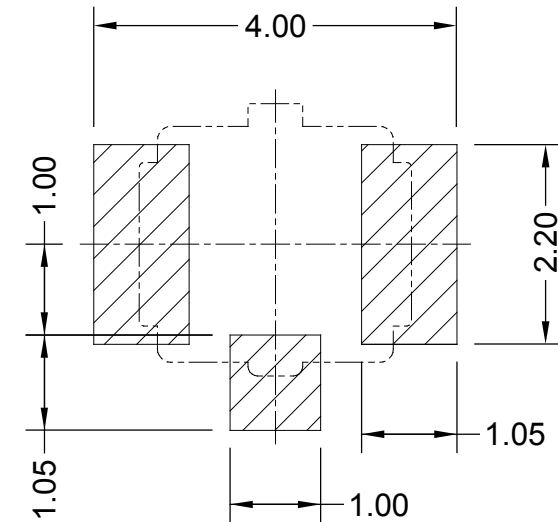
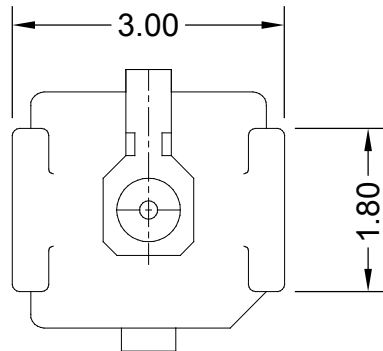
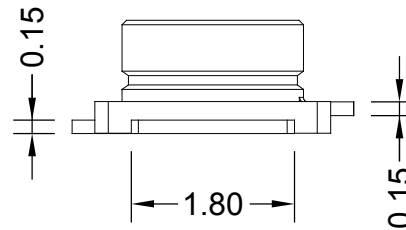
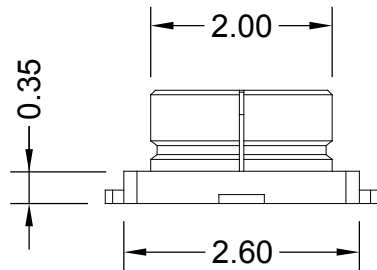
HOUSING: LCP, UL94V-0, COLOUR IVORY

CONTACT: COPPER ALLOY

1μ" MIN. GOLD PLATING ON MATING AREA

GOLD FLASH PLATING ON SHELL

ALL OVER 50μ" NICKEL UNDER PLATING



RECOMMENDED P.C.B LAYOUT



THIS SERIES FULLY CONFORMS TO
THE EUROPEAN UNION DIRECTIVES
2011/65/EU FOR RoHS COMPLIANCY.



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TORONTO, ONTARIO
CANADA

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RF HEADER (U.FL)

ACAD REFERENCE NO.: M00-862-001

DRAWN: C.B

DATE: DEC. 06/2016

CHECKED:

DATE:

SCALE: (IN C.A.D. 1:1)

SHEET 1 OF 1

PART NUMBER:

M00-862-001

ISSUE

2