

PRODUCT & PROCESS CHANGE NOTIFICATION

PCN/SREA #:

PCN-18-013

PCN – Customer notification required

SUPPLIER REQUEST for ENGINEERING APPROVAL

PCN/SREA DATE:


05/24/2018

SREA – Customer approval required

GE Fremont:			
Initiator name:	Steve Sampson	Date:	May 24, 2018
Part(S)/Process Name:	NPA low pressure product series, NPA-300B-02WD, NPA-300B-02WG, NPA-300B-05WD, NPA-300B-05WG, NPA-500B-02WD, NPA-500B-02WG, NPA-500B-05WD, NPA-500B-05WG, NPA-700B-02WG, NPA-700B-02WD, NPA-700B-05WG, NPA-700B-05WD		

Customer Information:			
Customer:	NEWARK ELECTRONICS CORP	Address:	
Customer contact name:		e-mail	Phone# :

Information:							
Type of change:	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor					
Effect of change:	<input type="checkbox"/> Form	<input type="checkbox"/> Fit	<input type="checkbox"/> Function	<input type="checkbox"/> Reliability	<input checked="" type="checkbox"/> Other		
Explain if 'Other': Internal component die change							
Process/Product Information:							
Reason for change:	<input type="checkbox"/> Design	<input type="checkbox"/> Processing	<input type="checkbox"/> Machine/Tooling	<input type="checkbox"/> Cost Reduction			
	<input checked="" type="checkbox"/> Part/Material	<input type="checkbox"/> Location	<input type="checkbox"/> Supplier Change	<input type="checkbox"/> Other			
Explain if 'Other':							
Description of change:	P2701HS pcell die will replace the current P1307 die which is to become obsolete.						
Current Format:	No change		Proposed Format:	No change			
List of attached Document:	None						

Proposed method to identify changed product: (Lot#, Effective Date, Shipment date, Part number via e-mail)	Lot number
Is piece cost affected? If yes, What is the cost effect:	\$: N/A
Will incorporation of change affect shipping schedule? If yes, please provide details:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details:
Fremont Quality engineer name: Steve Sampson	
Fremont Quality engineer signature: 	
Additional comments: No change to form, fit, or function of the product.	
Approval to this document is required by: (Due date for a response from Customer)	N/A

Please check the scenario applicable to this form:

This is a request for the proposed plan approval. Once approved by customer, tests will be conducted per the attached test plan and results will be presented to the customer for final approval

This is request for approval of the change per the attached test results. If we do not hear back from customer before the due date given above, it is assumed that customer has approved the change

This is a notification of the change.

Below Information to be completed by customer.			
Approval or rejection	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Approval/Rejection date:
Customer representative name:	Customer representative signature:		
Additional comments:			