

Amphenol

Advanced Sensors

PRODUCT & PROCESS CHANGE NOTIFICATION

PCN/SREA #:

PCN-16-0035

PCN – Customer notification required

SUPPLIER REQUEST for ENGINEERING APPROVAL

PCN/SREA DATE:

03/10/2016

SREA – Customer approval required

GE Fremont:			
Initiator name:	Steve Sampson	Date:	March 8, 2016
Part(S)/Process Name:	NPA low pressure product series		

Customer Information:			
Customer:	TTI INC	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 checked="" type="checkbox"/> Processing	<input checked="" 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:	Change P1305 die to P2701 die. Remove Temp humidity and dry bake process. Consolidate ASIC and pcell die attach and wire bond equipment to shared equipment.						
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:							
Approval to this document is required by: (Due date for a response from Customer)	N/A						
Please check the scenario applicable to this form:							
<input type="checkbox"/> 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							
<input type="checkbox"/> 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							
<input checked="" type="checkbox"/> 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:			