

PRODUCT & PROCESS CHANGE NOTIFICATION

PCN/SREA #:

PCN-23-022

PCN – Customer notification required

SUPPLIER REQUEST for ENGINEERING APPROVAL

PCN/SREA DATE:

06/12/2023

SREA – Customer approval required

Amphenol Fremont:			
Initiator name:	Nathan Rogers	Date:	06/12/2023
Part(S)/Process Name:	NOVA NPH-8 Series		

Customer Information:			
Customer:	Authorized Nova Sensor Distributor	Address:	
Customer contact name:		e-mail	Phone# :

Information:										
Type of change:	<input checked="" type="checkbox"/>	Major	<input type="checkbox"/>	Minor						
Effect of change:	<input type="checkbox"/>	Form	<input type="checkbox"/>	Fit	<input type="checkbox"/>	Function	<input type="checkbox"/>	Reliability	<input type="checkbox"/>	Other
Explain if 'Other':										

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:	NOVA die series and sensor products with die will be manufactured and supplied to customers on 6" wafers, replacement of 4" wafers: P111 → PT3511. P112, P1300, P184 → PT2710. P1302 → PT2709. P123 → PT3512, PT899. P612 → PT890.							
Current Format:					Proposed Format:			
List of attached Document:	N/A							
Proposed method to identify changed product: (Lot#, Effective Date, Shipment date, Part number via e-mail)				Lot number and effective date				
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: Eduardo Gallego								
Fremont Quality engineer signature: <i>Eduardo Gallego</i>								
Additional comments: N/A								
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 a 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:			