



# Engineering Change Notice

ENGINEERING CHANGE				
ORIGINAL PART/DRAWING NAME/SP		Revision	ECN Number:	Customer ECN Ref
CHANGED PART/DRAWING NAME/SP		Revision	ECN Date:	Change Due Date
ECN ORIGINATOR:		SIGNATURE		DATE
DOES THIS EFFECT CURRENT ORDER? If Yes, state which order numbers.				
<input type="checkbox"/>	FIRST RELEASE OF PRINT	CHANGE CLASSIFICATION		Change Priority
<input type="checkbox"/>	NEW STANDARD/SPECIFICATION	<input type="checkbox"/>	Class I - Form, Fit, Function	<input type="checkbox"/> High
<input type="checkbox"/>	EXISTING DRAWING/PART REVISED	<input type="checkbox"/>	Class II - Clarification, Correction	<input type="checkbox"/> Medium
<input type="checkbox"/>	EXISTING STANDARD/SPECIFICATION CHANGED	<input type="checkbox"/>	Class III - Long Lead Release Only	<input type="checkbox"/> Low
<input type="checkbox"/>	OTHER - PLEASE SPECIFY	STOCK DISPOSITION		
DOES CHANGE REQUIRE A PARTS PURGE?		<input type="checkbox"/>	Stock is not Affected	<input type="checkbox"/> Purge/Rework
DOES CHANGE REQUIRE A RUN-AHEAD?		<input type="checkbox"/>	Utilize Remaining Stock	<input type="checkbox"/> Purge/Scrap
OTHER DETAILS OR OPTIONS TO CONSIDER:		<input type="checkbox"/>	Other (Explain)	
EXECUTION		<input type="checkbox"/> A - MODIFY EXISTING PART	<input type="checkbox"/> C - SCRAP EXISTING PART (MANUFACTURING ALREADY COMMENCED)	
		<input type="checkbox"/> B - CREATE NEW PART	<input type="checkbox"/> D - DELETE EXISTING PART (IF MANUFACTURING HASN'T COMMENCED)	
Change type (Enter "X" in appropriate box)		Supplier Information		
<input type="checkbox"/>	Design Change	Supplier Code		
<input type="checkbox"/>	Die/Mold Change	Supplier Name		
<input type="checkbox"/>	Inspection Method Change	Supplier Contact e-mail		
<input type="checkbox"/>	Jig/fixture/Tool Change	Supplier Approval/Date		
<input type="checkbox"/>	Machine Change	Proposed MP Ship Date		
<input type="checkbox"/>	Manufacturing Method Change	SRG Plant(s) Affected		
<input type="checkbox"/>	Manufacturing Process Order Change	Supplier Part Information		
<input type="checkbox"/>	Material Change	Supplier Part Name		
<input type="checkbox"/>	New Supplier or new manufacturing location	Supplier Part Number		
<input type="checkbox"/>	Significant Manpower/Production Schedule Changes	Material Test results		
<input type="checkbox"/>	Transportation/Packaging Change	Performance Test results		
<input type="checkbox"/>	Other:	Supplier Part Number		
DESCRIPTION OF CHANGE (Describe problem including both scope and impact below)				
SOLUTION REQUIREMENTS-CHANGE DESCRIPTION				
SUPPORTING DOCUMENTS				
Document #	Title			Note: If making changes to the drawing, attach a marked up print clearly identify the changes; also include an interface/boundary diagram
Surgionix Use Only				
REQUIREMENTS	Is the ECN filled out correctly?	<input type="checkbox"/>	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>	Approval Stamp
	Is the original drawings attached?	<input type="checkbox"/>		
	Is the updated drawing attached?	<input type="checkbox"/>		
	Is the Due Date understood by the team?	<input type="checkbox"/>		
Evaluators				
DEPARTMENT	NAME	SIGNATURE	DATE	
Engineering Department			Date: / /	
Quality Department			Date: / /	
Managment			Date: / /	
Other Sign Off:			Date: / /	