

**PRODUCT & PROCESS CHANGE NOTIFICATION**

PCN/SREA #:

PCN-19-0020

PCN – Customer notification required

**SUPPLIER REQUEST for ENGINEERING APPROVAL**

PCN/SREA DATE:

09/04/2019

SREA – Customer approval required

<b>GE Fremont:</b>			
Initiator name:	Steve Sampson	Date:	September 4, 2019
Part(S)/Process Name:	NPA Products (1.0 mil Au Wire Only)		

<b>Customer Information:</b>			
Customer:	HEILIND ELECTRONICS, INC.	Address:	
Customer contact name:		e-mail	Phone# :

<b>Information:</b>							
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': 1.0 mil wire supplier factory move							

<b>Process/Product Information:</b>							
Reason for change:	<input type="checkbox"/> Design	<input type="checkbox"/> Processing	<input type="checkbox"/> Machine/Tooling	<input type="checkbox"/> Cost Reduction			
	<input type="checkbox"/> Part/Material	<input checked="" type="checkbox"/> Location	<input type="checkbox"/> Supplier Change	<input type="checkbox"/> Other			
Explain if 'Other':							
Description of change:	1.0 mil wire supplier, Heraeus. Factory move from Korea to China						
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					
<b>Please check the scenario applicable to this form:</b>							
<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.							

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