



161 Aiden Road, Units 7 & 8, Markham, Ontario Canada L3R 3W7  
 Tel: +1 416 754-3322 Fax: +1 416-754-3299  
 Email: info@edac.net http://www.edac.net  
**ENGINEERING CHANGE NOTICE**

<b>Originator:</b>	Harsh Patel	<b>Date:</b>	August 26, 2021	<b>Document Number</b>	ECN20210826-00
<b>Phone No.</b>	(416) 754-3322	<b>Revision Number</b>	1	<b>SHEET</b>	1 of 1
<b>Email Address:</b>	<a href="mailto:Hpatel@edac.net">Hpatel@edac.net</a>				
<b>Department</b>	ENGINEERING				

**CHANGE TYPE**

- CLASS I** Customer notification and approval required prior to implementation
- CLASS II** Customer notification only, no approval required
- CLASS III** No customer notification required

**REASON OF CHANGE**

Discontinuance / End of Life of below listed part numbers.

Sr. No	Part Numbers	Description
1	904-036-225-002	Mini SAS HD External, R/A Press Fit, Female, 36 Contacts
2	171-170-231-012	PCB Socket, Vertical Press Fit W/ Grounding Pad, 170 contacts
3	371-100-529-002	Card Edge, Female, SMT, 100 Contacts
4	371-180-529-002	Card Edge, Female, SMT, 180 Contacts
5	151-832-426-900	Power Pin Header, R/A
6	904-072-225-002	Mini SAS HD External, R/A Press Fit, Female, 72 Contacts
7	270-068-671-001	SAS Connector, R/A SMT, W/Grounding Pad, Male, 68 Contacts
8	903-036-231-002	Mini SAS HD Internal, Vertical Press Fit, Female, 36 Contacts
9	903-072-231-002	Mini SAS HD Internal, Vertical Press Fit, Female, 72 Contacts
10	903-144-231-002	Mini SAS HD Internal, Vertical Press Fit, Female, 144 Contacts

**DESCRIPTION OF CHANGE:**

1. EDAC decided to discontinue it because tooling had worn out.

2. Effective implementation to distribution is on Aug 26, 2021

**PARTIES AFFECTED**

- Customer
- Distributors
- Suppliers
- NORCOMP
- MH
- ETW
- ECA
- EDG
- EDAC UK

**KEY TARGET DUE DATES IF CHANGE IS APPROVED TO PROCEED** (check if applicable and show target dates as known)

- Submit Quote \_\_\_\_\_
- Prod. Trial Run \_\_\_\_\_
- Run at Rate \_\_\_\_\_
- PPAP from Supplier \_\_\_\_\_
- MRD of Production Parts \_\_\_\_\_

**ACKNOWLEDGEMENT FOR ECN INITIATION: (OPTIONALS)**

<input type="checkbox"/> Tooling Rep _____	<input type="checkbox"/> Process Eng Rep _____
<input type="checkbox"/> Mfg Eng Rep _____	<input type="checkbox"/> Facilities Rep _____
<input type="checkbox"/> Production Rep _____	<input type="checkbox"/> Sales Rep. _____
<input type="checkbox"/> Materials Rep _____	<input type="checkbox"/> Product Eng. Rep. _____
<input type="checkbox"/> Quality Rep _____	<input type="checkbox"/> Purchasing Rep _____

STATUS	
APPROVED	<input type="checkbox"/>
CCS CHANGE REQUEST #	
REJECTED	<input type="checkbox"/>
Change REJECTED by:	
Rejected Date:	

**APPROVALS FOR ECN INITIATION (REQUIRED)**

<input type="checkbox"/> <input type="checkbox"/>	<b>President</b> _____	<input checked="" type="checkbox"/> <input type="checkbox"/>	<b>Engineering Manager</b> <u>Ronnie Sta. Monica</u>
<input type="checkbox"/> <input type="checkbox"/>	<b>Vice President</b> <u>Bob Sakitkovski</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<b>Mechanical Engineer</b> <u>Harsh Patel</u>

**MINIMUM OF TWO SIGNATURES REQUIRED**