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**ENGINEERING CHANGE NOTICE**

<b>Originator:</b>	Harsh Patel	<b>Date:</b>	November 16, 2020	<b>Document Number</b>	ECN20201116-00
<b>Phone No.</b>	(416) 754-3322	<b>Revision Number</b>	1	<b>SHEET</b>	1 of 3
<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 M00-883-001

**DESCRIPTION OF CHANGE:**

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

2. Effective implementation to distribution is on Nov 16, 2020

**PARTIES AFFECTED**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Customer     | <input type="checkbox"/> NORCOMP        | <input checked="" type="checkbox"/> ECA     |
| <input checked="" type="checkbox"/> Distributors | <input type="checkbox"/> MH             | <input checked="" type="checkbox"/> EDG     |
| <input type="checkbox"/> Suppliers               | <input checked="" type="checkbox"/> ETW | <input checked="" type="checkbox"/> EDAC UK |

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

- |  |       |  |       |
|--|-------|--|-------|
| <input type="checkbox"/> Submit Quote    | _____ | <input type="checkbox"/> PPAP from Supplier      | _____ |
| <input type="checkbox"/> Prod. Trial Run | _____ | <input type="checkbox"/> MRD of Production Parts | _____ |
| <input type="checkbox"/> Run at Rate     | _____ |  |       |

**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	_____

**APPROVALS FOR ECN INITIATION (REQUIRED)**

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

**MINIMUM OF TWO SIGNATURES REQUIRED**

**STATUS**

**APPROVED**

**CCS CHANGE REQUEST #**

**REJECTED**

Change REJECTED by:

Rejected Date:

TOLERANCE UNLESS OTHERWISE SPECIFIED	
X	±0.10
XX	±0.05
XXX	±0.03
XXXX	±0.01
X"	±1"

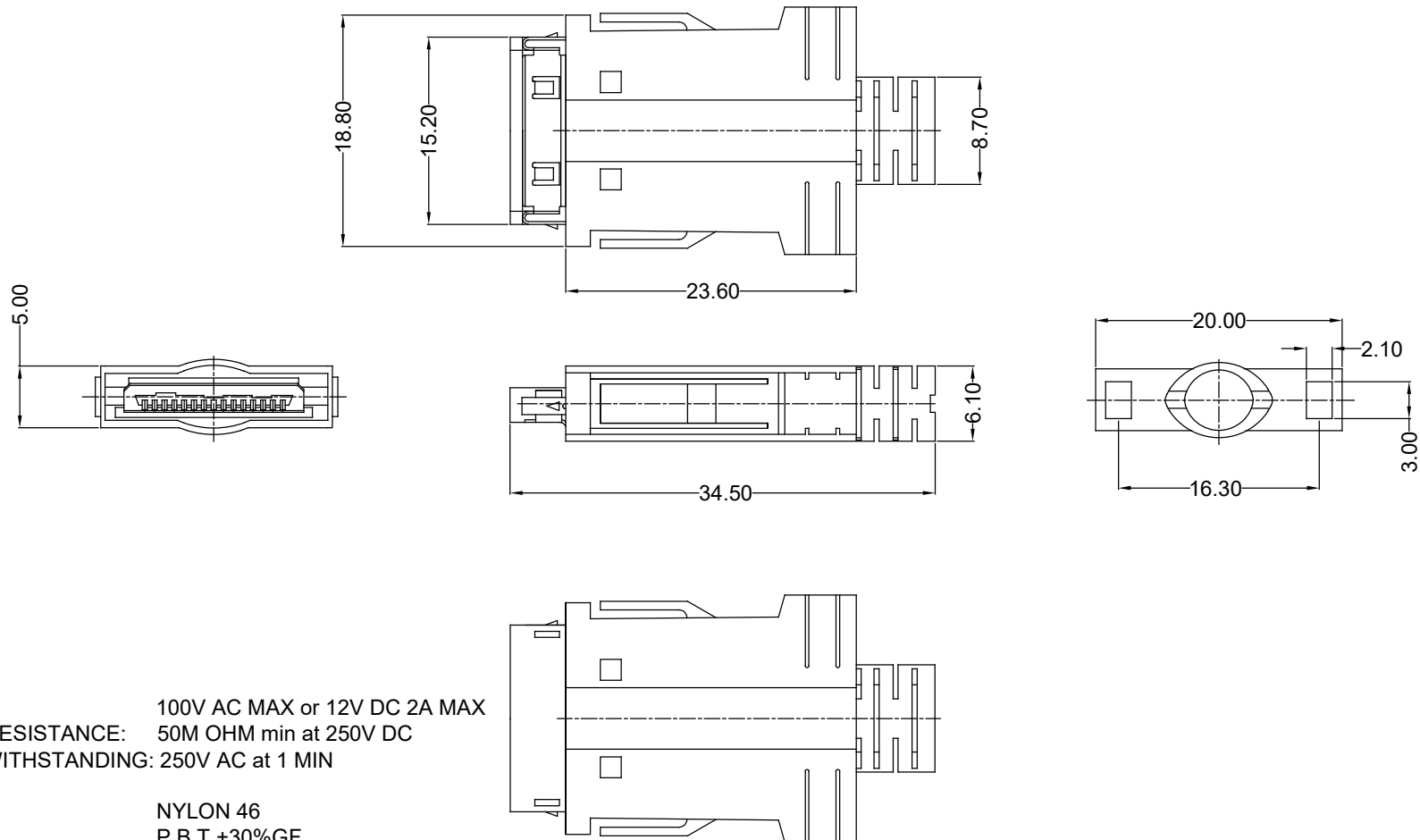
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ISSUE NUMBER

ORIGINAL

1



**NOTES:**

**SPECIFICATIONS:**

RATING: 100V AC MAX or 12V DC 2A MAX  
 INSULATION RESISTANCE: 50M OHM min at 250V DC  
 DIELECTRIC WITHSTANDING: 250V AC at 1 MIN

**MATERIAL:**

HOUSING: NYLON 46  
 INSERT: P.B.T +30%GF  
 CONTACT: PHOSPHOR BRONZE  
 5µ" min GOLD PLATED ON CONTACT AREA  
 BRIGHT TIN PLATED ON SOLDER AREA  
 NICKEL UNDER PLATED  
 METAL TOP SHELL: STAINLESS STEEL  
 METAL BOTTOM SHELL: STAINLESS STEEL  
 PLASTIC COVER: NYLON

**PCMCIA 15P FEMALE(HD)-B12**

ACAD REFERENCE NO. M00-883-001

DRAWN: C.B

DATE: OCT. 12/2016

CHECKED:

DATE:

SCALE: (IN C.A.D. 1:1)

SHEET 1 OF 2

DRAWING NUMBER

M00-883-001

ISSUE

1



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TOLERANCE UNLESS OTHERWISE SPECIFIED	
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.XXX	±0.03
.XXXX	±0.01
X"	±1"

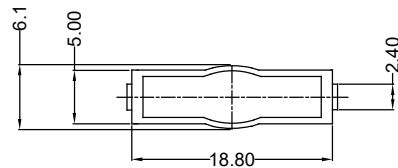
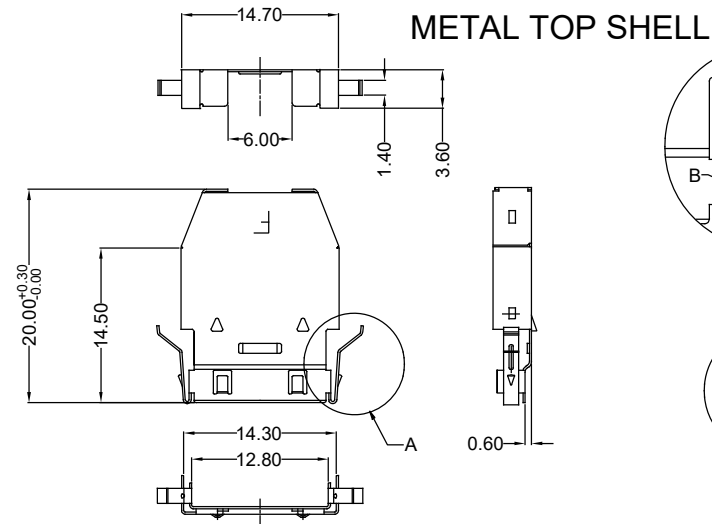
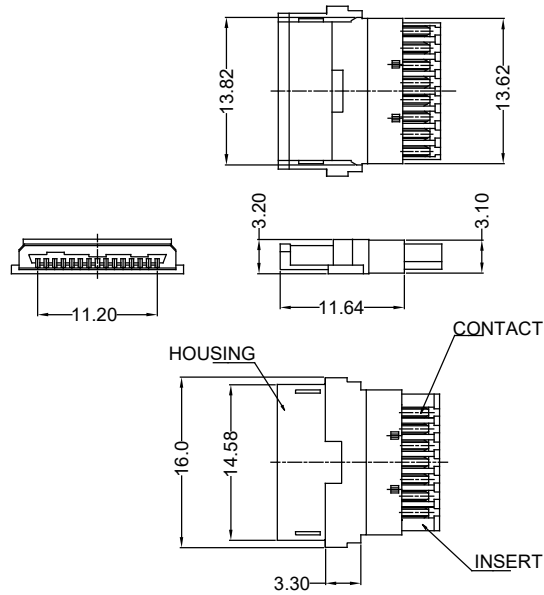
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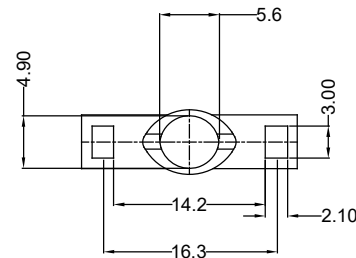
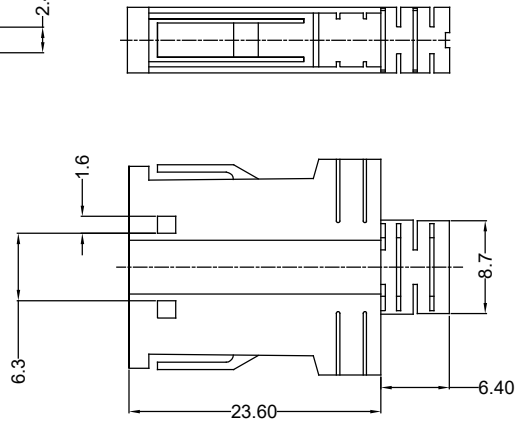
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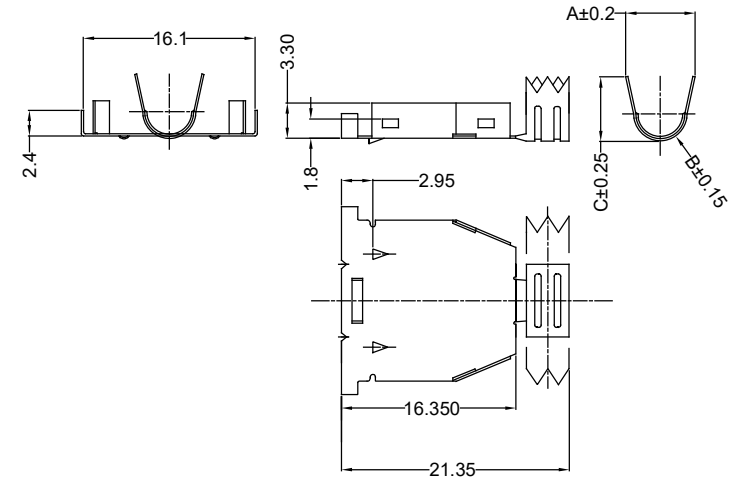
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PLASTIC COVER



METAL BOTTOM SHELL



PCMCIA 15P FEMALE(HD)-B12

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