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**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
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<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 #	

**APPROVALS FOR ECN INITIATION (REQUIRED)**

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

**MINIMUM OF TWO SIGNATURES REQUIRED**

REJECTED	<input type="checkbox"/>
Change REJECTED by:	
Rejected Date:	