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ENGINEERING CHANGE NOTICE

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 Department ENGINEERING

Date:	Document Number
June 11, 2019	ECN20190611-00
ECN Revision Number	SHEET
1	1 of 1
Part Number	Dwg Revision Number
342-240-318	13

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

EDAC manufacturing has decided to EOL P/N 342-240-318.

DESCRIPTION OF CHANGE:

Tooling worn out, and now decommissioned due to non usage of part.

PARTIES AFFECTED

- | | | |
|--|---|---|
| <input 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 _____

STATUS

APPROVED
 CCS CHANGE REQUEST # _____

REJECTED
 Change REJECTED by: _____
 Rejected Date: _____

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 _____ Yu Zhang

MINIMUM OF TWO SIGNATURES REQUIRED

THIS IS A C.A.D. GENERATED DRAWING
DO NOT MAKE MANUAL REVISIONS TO MASTER.

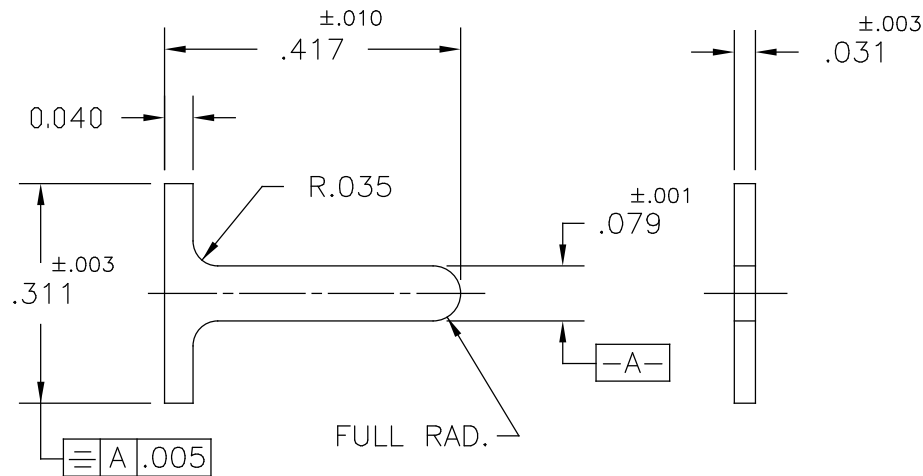



* UNLESS OTHERWISE SPECIFIED TOLERANCES
ON DECIMAL IS:
FRACTION $\pm 1/32$ 4 PLACE $\pm .0001$
2 PLACE $\pm .01$ 5 PLACE $\pm .000050$
3 PLACE $\pm .005$ 6 PLACE $\pm .000020$

ISSUE NUMBER	
ORIGINAL	①
RE-DRAWN AND DIM. $417 \pm .010$ WAS $.418 \pm .005$ DWG. NO. WAS 342-240-001	
F.BRIONES	FEB. 18/02 ⑫
ADD DIM .040 ⑬	
R.STA.MONICA	MAY.3/2019

NOTES:

- PART NUMBER 342-240-318 MATERIAL: NYLON 6/6 NATURAL
- PART NUMBER 342-240-318N MATERIAL: NEMA GRADE G-10 EPOXY
MEDIUM GLASS CLOTH CONSTRUCTION PER MIL-P-18177, TYPE GEE
- PART NUMBER 342-240-318 MADE FROM 345-241-318
PART NUMBER 342-240-318N MADE FROM 336-240-318



342 POLARIZING TAB		ACAD REFERENCE NO. 342-240-318	
		DRAWN: F.BRIONES	DATE: FEB. 18/02
 EDAC INC TORONTO, ONTARIO CANADA YOUR CONNECTION TO QUALITY & SERVICE		CHECKED:	DATE:
		SCALE: (IN C.A.D. 1:1)	SHEET 1 OF 1
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