Amphenol PCD

Engineering Change Request		ECR Number	R10445W
Initiator:	Claude	Date:	2026.07.01

Part number description: See the table “Part number description---R10445W”

Reason of change:

☐Customer requirement (list the feasibility analysis of customer specification: _____)

☐Supplier request (list the PCR number: _____)

■internal improvement ☐corrective ☐other

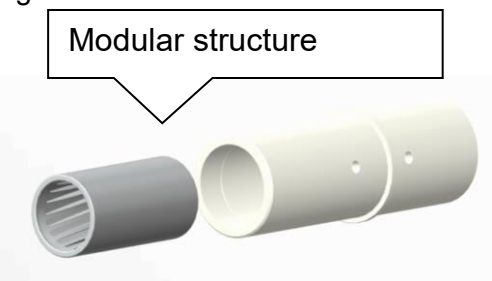
Please describe here in detail:

Adjust the processing technology of female pin.The revision will have no impact on product assembly or performance.

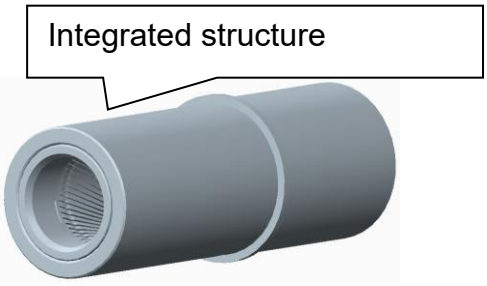
Change level and impact assessment (Please tick in the appropriate position)

Change level	Change content	Whether to notify the customer
Level 1	☐Operator change	☐It is not necessary to notify the customer for approval
	☐Correct the clerical errors of the drawing, BOM, etc., and this change will not affect the production process	
Level 2	☐Change of Main production equipment or tools/Jigs	■Customers should be notified for approval ☐It is not necessary to notify the customer for approval, the reasons are as follows:
	☐Change of main measuring equipment or tools/Jigs	
	☐Appearance changes that do not affect product functions	
	☐Changes in production process or processing technology	
	☐Product structure or specification changes that have not been transferred to mass production	
	■Product structure or specification changes that have been transferred to mass production	
	☐Supplier's production process change or supplier's production site change or addition or replacement of suppliers	
Level 3	☐Change of production site	☐Customers should be notified for approval
	☐Product material changes	
	☐Change of packaging method	
	☐Changes proposed by the customer	

Before change



After change



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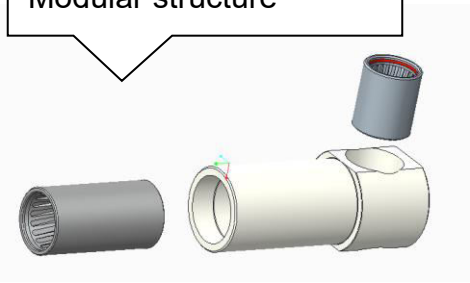
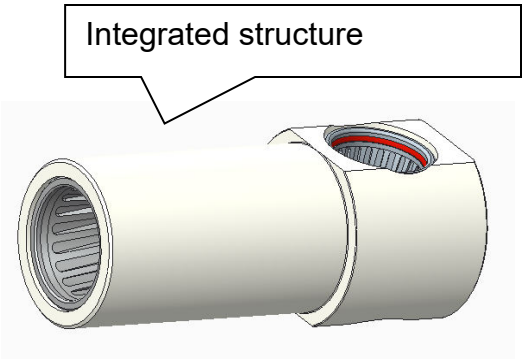
Modular structure 	Integrated structure 
Disposition of old materials ☐Rework ■Use as it is ☐scrap ☐Other (please describe)：_____. ☐N/A	Expect date to switch to new material 2026.09.30
Approval by the supervisor of requester.: Sentao	Approval by the head manager of the request dept.: Derek
Customer approval： ☐Approved ☐No approved ☐Conditional approval（please describe）： Signature： Date：	
Remark:	

P/N
HVSL1000062A050
HVSL1000062A150
HVSL1000062A170
HVSL1000062B135
HVSL1000062B150
HVSL1000062B170
HVSL1000061A070
HVSL1000061A103
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P08B009998
P08B009999