ECR ENGINEERING CHANGE REQUEST

Access Fab Representative
Name:
Position :
Date:

Vendor Identification   **Non-Comforming Detail**
Contact Name:
Address:
Phone:
Email :

Requested Priority & Response:

☐ **Emergency**   ☐ **Standard**   **Request Response By:** _____

Drawing Criteria: Fill in the information completely to expedite the process.

O-I Drawing # _____   **O-I Description** _____

AF part # _____

MFR. _____   **MFR. Part #** _____

MFR. Part Description _____

☐ **DEVIATION**   ☐ **Hard to Find**   ☐ **Min Order Qty**   ☐ **MFG Suggestion**

☐ **OBSOLETE**   ☐ **Red Line Drawing** ☐ **Drawing Error**   ☐ **Other: Explain Below**

Problem Description and Possible Solution(s): _____

_____
_____
_____
_____

Reason: _____

_____
_____
_____

☐ Supporting Documents Attached (redline drawings, datasheets, etc.)

Purchase Orders Affected   ☐ Yes   ☐ No

Current Inventory Affected   ☐ Yes   Qty. _____   ☐ No

Current Demands Affected   ☐ Yes   Qty. _____   ☐ No

ACCESS FAB Use ONLY (Check the appropriate box(s))

☐ Approved   ☐ Disapproved

Drawing change to occur:

☐ as suggested   ☐ not as suggested   ☐ Other (See Comments)

Approval Signatures: _____   **Approval Date:** _____

Completed By: _____   **Completed Date:** _____

Required Vendor Actions: _____

_____

Comments: _____

_____