**Product Change Request**

|  |  |  |
| --- | --- | --- |
| |  |  | | --- | --- | | Doc No. |  |   **To: HAMAMATSU PHOTONICS K.K.**  Solid State Division Electron Tube Division Systems Division Laser Division |

| 1. APPLICANT INFORMATION | | | | |
| --- | --- | --- | --- | --- |
| Company Name |  | | | |
| Contact Person | | | | |
| Department | | Name | Title | Email Address |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |

| 2. CONTENT of CHANGE | | | | | |
| --- | --- | --- | --- | --- | --- |
| PRODUCT | Product Name (Part Name) | |  | | |
| Manufacturer | |  | | |
| CHANGE ITEM | Product Specification | | Material Specification | | Supplier |
| Manufacturing Specification | | | Manufacturing Location | |
| Inspection Specification | | | Equipment, Dies, Jigs and Tools | |
| Design Standard | | | Others | |
| BEFORE the CHANGE | | AFTER the CHANGE | | | |
|  | |  | | | |
| REASON for CHANGE | | | | | |
|  | | | | | |

| RISK ASSESSMENT | | | |
| --- | --- | --- | --- |
| Change of part number | No | Yes |  |
| Impact on quality characteristics | No | Yes |  |
| Reliability Impact | No | Yes |  |
| Cost Increase | No | Yes |  |
| Impact on Delivery Date | No | Yes |  |
| Impact on Chemical Substances Contained in Products | No | Yes |  |
| OVERVIEW of RISK ASSESSMENT | | | |
|  | | | |
| ATTACHMENT | Yes  No | | |
| Name of Attachment File |  | | |

| 3. DOCUMENT to be REVISED | Yes  No |
| --- | --- |
|  | |

| 4. IMPLEMENTATION DATE / LOT NUMBER |
| --- |
| Date: To be Implemented from [dd/mm/yyyy] |
| Lot Number: To be Implemented from No.[\*\*\*\*\*\*\*] |
| ***This request must be submitted at least 6 months prior to the implementation of the change.*** |

**Signature** **of Supplier’s responsible person**

Signature

Name (BLOCK CAPITALS), Title

Date

|  |  |  |
| --- | --- | --- |
| **CHANGE REVIEW / APPROVAL by HAMAMATSU** | | |
| HPK Control No: | | Part Code: |
| Approved | | |
| Approved subject to conditions | | |
|  | | |
| Not approved | | |
| ATTACHMENT | Yes  No | |
| Name of Attachment File |  | |
| **Requests at the time of delivery** | | |
| Contact us in advance of the estimated first shipment date. | | |
| Deliver the goods strictly on the first-in, first-out method. | | |
| **Attachment at the time of delivery** | | |
| Attach a sticker with HPK Control No. to the actual product and deliver it. | | |
| Attach the copy of this notice to the actual product and deliver it. | | |

**Approval of Procurement Group**

Name

Title　　　　　　　　　　 Date

**Approval of Quality Assurance / Control Group**

Name

Title　　　　　　　　　　 Date

**Approval of Manufacturing Group**

Name

Title　　　　　　　　　　 Date