**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