



ECN Date:

ECN ID:

# ENGINEERING CHANGE NOTICE FORM

ECN Requestor			
First Name:	Last Name:	Supplier Title:	
Phone:	Email:		
SUPPLIER INFORMATION			
Supplier ID	Supplier Name:		
City:	Country:		
FACTORY IDENTIFICATION			
Factory ID:	Factory Name:		
Address:	Address 2:		
City:	Country:		
PRODUCT IDENTIFICATION			
THD Merchant Name			

CHANGE DESCRIPTION		
Change Originated From	<input type="radio"/> VOC <input checked="" type="radio"/> The Home Depot <input type="radio"/> Supplier <input type="radio"/> Factory	Implementation Date
Type of product change (check all that apply): <input type="checkbox"/> Aesthetics / Cosmetics <input type="checkbox"/> Packaging <input type="checkbox"/> Material Substitution <input type="checkbox"/> Alternative Component <input type="checkbox"/> Other Change (Describe below)		Change Benefit/Improvement: <input type="checkbox"/> Performance Enhancement <input type="checkbox"/> Schedule <input type="checkbox"/> Cost Reduction Effort <input type="checkbox"/> Safety <input type="checkbox"/> Other Benefit/Improvement(Describe below)
Description of Change(s):		
Reason change(s)		
Supporting Document (If applicable)	Before & After Photo (If applicable)	
Safety Listing Evaluation Record		
Agency Name	Listing Number	
Date Approved	Report Number	