



C-r-o-s-s-l-i-n-k International, Inc.

SUPPLIER EVALUATION FORM

EVALUATION TYPE: NEW SUPPLIER EVALUATION

COMPANY NAME: _____ SUPPLIER CODE: _____

CAGE CODE: _____ DUNS NUMBER: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

PHONE: _____ FAX: _____

COMPANY TYPE: MANUFACTURER DISTRIBUTOR FAA Repair Station Parts Mfr Appv'l (PMA)

SERVICES OTHER

PRODUCTS/SERVICES OFFERED:

-
-

Do you manufacture products or services for other C-I Divisions, if so please list:

-
-

COMPANY'S WEBSITE: _____

SUPPLIER CERTIFIES THAT IT IS (CHECK ALL THAT APPLY):

- | | |
|---|---|
| <input type="checkbox"/> A Small Business Concern | <input type="checkbox"/> A Women-Owned Small Business |
| <input type="checkbox"/> A SBA Certified Small Disadvantaged Business | <input type="checkbox"/> A Hub-Zone Small Business |
| <input type="checkbox"/> A Veteran-Owned Small Business | <input type="checkbox"/> Service-Disabled Veteran Owned |
| <input type="checkbox"/> Historically Black Colleges & Universities / Minority Institutions | <input type="checkbox"/> Native American |
| <input type="checkbox"/> OTHER: | <input type="checkbox"/> Large |

NOTICE OF PENALTY - Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall (i) be punished by imposition of fine, imprisonment, or both; (ii) be subject to administrative remedies, including suspension and debarment; and (iii) be ineligible for participation in programs conducted under the authority of the Act (FAR 52.219-1(d)(2)).

PERSON COMPLETING EVALUATION

Name:		Date:	
Title:		Phone Number:	
Fax Number:		Email Address:	

QUALITY ASSURANCE REPRESENTATIVE

Name:			
Title:		Phone Number:	
Fax Number:		Email Address:	

C-I REVIEWER RECOMMENDATION (Completed by C-I Representative only)

EVALUATING C-I DIVISION:

APPROVED DISAPPROVED CONDITIONAL:

(limited to following) _____

RESTRICTED (Scope of restriction)

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C-I EVALUATOR'S NAME:

Date:

COMMENTS:

GENERAL INFORMATION

1. AREA IN SQUARE FEET

TOTAL:

MANUFACTURING:

WAREHOUSE (DISTRIBUTION ONLY):

CLEAN ROOM:

CLEAN ROOM CLASS (if applicable):

2. NUMBER OF PERSONNEL:

MANUFACTURING:

QUALITY ASSURANCE:

ENGINEERING:

WAREHOUSE (DISTRIBUTION ONLY):

3. WHAT PERCENT OF PRESENT WORK IS:

GOVERNMENT _____ % COMMERCIAL _____ % OTHER _____ %

4. DESCRIBE ANY SPECIAL PROCESSES THAT YOU PERFORM INCLUDING MILITARY SPECIFICATION, IF APPLICABLE, (E.G. PLATING, PAINTING, SOLDERING, WELDING, WIRE WRAP, ETC). ATTACH ADDITIONAL SHEET(S) IF NECESSARY.

LIST:

-
-
-

5. IS THE COMPANY HEADQUARTERED IN THE UNITED STATES OF AMERICA? Y N
IF NO, THEN WHAT COUNTRY?

6. DOES YOUR ESD PROGRAM COMPLY WITH MIL-STD-1686, MIL HANDBOOK 263 OR ANSI/ESD S20.20?
Y N N/A

7. LIST ANY INTERNATIONALLY ACCEPTED WORKMANSHIP STANDARDS YOUR COMPANY COMPLIES WITH:

-
-
-

8. ARE YOU C.A. S. E. REGISTERED? Y N

9. WILL YOUR COMPANY NOTIFY C-I COMMUNICATIONS OF ALL SIGNIFICANT CHANGES TO THE FACILITY'S QUALITY SYSTEM (including the revocation of any certifications)? Y N

CERTIFICATIONS AND ACCREDITATIONS

(AS9100: ISO 9001;ISO/IEC 17025, FAA-AC-0056A, ISO/TS 16949, ANZI/NCSL Z540, FAA/PMA, CAA, EASA, A2LA, CMMI, NADCAP etc.)

Certification Type	Certifying Organization	Cert Expiration	Registration Number

*If ISO or AS9100 certified, please furnish copies of ISO/AS certificate with Scope of Registration and attached pages.

*If you hold an FAA/CAA/EASA Repair Station certificate, please furnish the FAA/CAA/EASA certificate, Operations Specifications, and FAA/CAA/EASA Anti-Drug and Alcohol Misuse Prevention Program documentation.

*Furnish any other copies of certifications/accreditations/letters of approval held by your company

NOTE: IF THE PROSPECT OR CURRENT APPROVED SUPPLIER HAS A QUALIFIED QMS, OR THIS IS FOR A CURRENT APPROVED SUPPLIER REEVALUATION, THIS ENTIRE SECTION MAY NOT BE REQUIRED. SEE PROCEDURE PUP-74-04 FOR FURTHER REEVALUATION INSTRUCTIONS.

QUALITY MANAGEMENT SYSTEM (QMS)				
General	Y	N	N/A	COMMENT
• Do you have a quality management system composed of documented procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are outsourced processes controlled by the QMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Quality Manual (QM)	Y	N	N/A	COMMENT
• Do you have a Quality Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Does the QM contain or reference the procedures in the QMS and describe their interaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Control of Documents	Y	N	N/A	COMMENT
• Do you have a document control system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are documents approved for adequacy prior to use and reviewed and updated when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are current revisions of documents available for those who need to use them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are obsolete revisions removed to prevent unintended use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Control of Records	Y	N	N/A	COMMENT
• Do you have a process to control Quality records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Have you defined Quality records within your QMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are records of inspections and tests maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are all records used to document the QMS legible, readily identifiable and retrievable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are the defined controls used to identify, store, protect, retrieve, and disposition records adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are quality records retained for a specified period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MANAGEMENT RESPONSIBILITY				
Management Commitment	Y	N	N/A	COMMENT
• Does top management have a process for communicating the importance of meeting customer, statutory and regulatory requirements to the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Quality Policy	Y	N	N/A	COMMENT
• Do you have a Quality Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Quality Planning	Y	N	N/A	COMMENT
• Do you perform quality planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are measurable quality objectives established and communicated to all relevant functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Management Responsibility, Authority & Communication	Y	N	N/A	COMMENT
• Do individuals responsible for quality have the necessary authority to make decisions that impact the quality of the product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Management Review	Y	N	N/A	COMMENT
• Do you conduct periodic management reviews of the QMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Does the review include input from internal audits, customer feedback, process performance and product conformity data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Does the review output result in decisions to improve the QMS and apply resources to improve the product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain records of management review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RESOURCE MANAGEMENT				
Provision of Resources	Y	N	N/A	COMMENT
• Do you have adequate resources to meet and maintain quality requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Human Resources/Training	Y	N	N/A	COMMENT

• Do you have a documented training program for employees performing work affecting product quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Does this program include the definition of the required competencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you ensure employees have the education, training, skills or experience necessary to meet these requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you evaluate the effectiveness of this training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain records of training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PRODUCT REALIZATION				
Planning of Product Realization	Y	N	N/A	COMMENT
• Do you develop plans and/or processes for manufacturing product to meets requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are inspection and test activities based on product acceptance criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Customer-related processes	Y	N	N/A	COMMENT
• When customer requirements change, is there a process that ensures relevant personnel are notified and relevant documents are amended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is there a process for communicating with customer on product information, enquiries, contracts or order handling, including amendments and customer feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are product related requirements reviewed prior to commitment to supply product to customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are records of the review and actions rising from the review documented and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Design & Development	Y	N	N/A	COMMENT
• Do you maintain a process for implementation of design changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is your organization responsible for design of product purchased by C-I Communications? (If No, skip to next section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are plans prepared for each design or development activity that includes review, verification & validation milestones?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are design reviews conducted at planned intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are the responsibilities, authorities and organizational interfaces defined for implementation of these plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do design inputs include product functionality, performance, statutory and regulatory requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is the design output documented and expressed in terms that can be validated against the design input requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Does the output provide adequate information for purchasing, production and service and include product acceptance criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain records associated with the design process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Purchasing	Y	N	N/A	COMMENT
• Are procurement sources evaluated and monitored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you specify applicable quality requirements to the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain a documented system for the verification of purchased product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain an "Approved Supplier Listing"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is criteria for selection, evaluation and re-evaluation (including requesting corrective action when appropriate) of suppliers established and are evaluations documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain records of supplier evaluations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Control of Production & Service	Y	N	N/A	COMMENT
• Do you perform in-process inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are process capabilities established and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are procedures for equipment and facilities maintenance established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are production and/or service carried out under controlled conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do conditions include the availability of acceptance criteria, work instructions and monitoring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are records available to substantiate acceptability of product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Validation of Processes	Y	N	N/A	COMMENT
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• Are processes validated where the product cannot be verified by subsequent monitoring & measuring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do validations include defined criteria for review and approval of processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ID & Traceability	Y	N	N/A	COMMENT
• If required, do you have the ability to provide traceability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are incoming materials identified and segregated until acceptance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are materials in stores identified and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are in-process materials identified and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is the status of inspection identified throughout product realization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain records demonstrating product identification and traceability when required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Customer Property	Y	N	N/A	COMMENT
• Do you utilize any customer provided product or equipment in your process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is customer property identified and stored to prevent loss or damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you have a mechanism to alert the customer if their property is damaged or lost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain records of damage or loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Preservation of Product	Y	N	N/A	COMMENT
• Do procedures or processes exist for the storage, protection, handling, and preservation of product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is the conformity of the product preserved internally and during delivery to the intended destination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you have a process to manage shelf life or age control materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Control of Measuring Devices	Y	N	N/A	COMMENT
• Do you utilize any inspection, measuring or test equipment in your processes for the acceptance of product or services supplied to C-1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are measuring and test equipment uniquely identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is the calibration status of measuring and test readily identifiable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is measuring and test equipment used for acceptance calibrated against nationally accepted standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Does the program account for and require disposition of product previously accepted, when equipment is found out of calibration or out of tolerance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain records of calibrations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MEASUREMENT, ANALYSIS & IMPROVEMENT

Customer Satisfaction	Y	N	N/A	COMMENT
• Do you have a method to measure customer satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Internal Audit	Y	N	N/A	COMMENT
• Do you maintain an internal audit program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are audits performed in accordance with an established schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are audits performed objectively and impartially with auditors not auditing their own work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is action taken to eliminate the causes of nonconformances discovered by the audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain records of internal audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Monitoring & Measurement of Processes	Y	N	N/A	COMMENT
• Are processes monitored and measured to demonstrate achievement of planned results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is action taken if processes are not producing planned results or to achieve continual improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Monitoring & Measurement of Products	Y	N	N/A	COMMENT
• Do you monitor or measure the characteristics of your products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you have documented procedures that contain acceptance criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

• Is the final release of product approved by a relevant authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain records of the acceptability of products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Control of Nonconforming Product	Y	N	N/A	COMMENT
• Do you control nonconforming material to prevent its unintended use or delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you have a documented procedure for the control of nonconforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are nonconforming items identified, segregated and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• When nonconforming product is corrected, is it subject to re-verification to demonstrate conformance to requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you seek customer approval when necessary regarding the disposition of nonconforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain records of nonconforming product including its disposition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Analysis of Data	Y	N	N/A	COMMENT
• Do you use process/product quality data to facilitate necessary actions and continual improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Continual Improvement	Y	N	N/A	COMMENT
• Do you have a formal process for continual improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Action	Y	N	N/A	COMMENT
• Do you have a documented procedure for corrective action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are nonconformances evaluated to determine the root cause?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are corrective actions sufficient not only to correct the problem but also to prevent recurrence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are corrective actions reviewed to assess effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain records of corrective actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Preventive Action	Y	N	N/A	COMMENT
• Do you have a documented procedure for preventive action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are potential nonconformances evaluated to determine the root cause?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are actions taken to eliminate potential nonconformances and prevent occurrence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are preventive actions reviewed to assess effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do you maintain records of preventive actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DISTRIBUTOR PROCESSES ONLY - N/A (Manufacturers check N/A)

	Y	N	N/A	COMMENT
• Are you a franchised Distributor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are machines used for processing, packaging and inspections checked/calibrated periodically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are age controlled items and shelf life items current and identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are procedures used to stop the issuing of out-of-date shelf life items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are shipping documents reviewed for accuracy, destination and necessary requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are there time limits, statute of limitations, or restrictions for the returning of defective products? (if so, describe in "Comments")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Would you be willing to stand behind your delivered Dock to Stock products for an extended time frame due to no Incoming Inspection at some C-I Communications Divisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: Product received Dock to Stock may be discovered to be incorrect or defective for up to 12 months after receipt because next higher assemblies are not usually built until all sub-parts are received and stocked.

Additional Area for Comments:

Revision History

Rev	EC No.	Initials
A	Initial Release	SNP
B	EC-100708-01	SNP
C	EC-101014-01	SNP
D	EC-150219-01	SNP