

1. NUMBER:	2. PCN:	MSFC ENGINEERING CHANGE REQUEST (ECR) <small>(See Instructions: MSFC Form 2327-2)</small>	3. DATE:	4. PAGE: 1 OF	
5. TO:		6. THRU:		7. FROM:	
8. TITLE OF CHANGE:					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> EMERGENCY <input type="checkbox"/> URGENT <input type="checkbox"/> ROUTINE			10. NEED DATE:		
11. PROGRAM(S)/PROJECT(S) AFFECTED:			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE:		
13. RECOMMENDED EFFECTIVITY(IES):			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.):		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER (e.g., DR, Software Trouble Report, etc.):		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated. If necessary, continue on MSFC Form 2327-1, Continuation Sheet):					
17. EFFECTS ON: <input type="checkbox"/> HARDWARE <input type="checkbox"/> FACILITY <input type="checkbox"/> SCHEDULE (SEE ENCLOSURE ____ FOR IMPACT) <input type="checkbox"/> REQUIREMENTS DOCUMENTATION <input type="checkbox"/> SOFTWARE <input type="checkbox"/> ENVIRONMENT <input type="checkbox"/> COST (ESTIMATED COST INCLUDED IN ENCLOSURE ____) <input type="checkbox"/> OTHER (SPECIFY): _____					
18. DESCRIPTION OF CHANGE (Include reference to enclosure. If necessary, continue on MSFC Form 2327-1, Continuation Sheet.):					
19. MOD KIT INFORMATION:					
YES NO			Enclosure	Paragraph	
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR:			DATE:	TELEPHONE NUMBER:	
				OFFICE SYMBOL:	
21. CONCURRENCE					
SIGNATURE	ORG. CODE	DATE	SIGNATURE	ORG. CODE	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG. CODE	DATE	SIGNATURE	ORG. CODE	DATE