Lockheed Martin’s expectation is “Right the First Time and All the Time Quality”.

In support of the Lockheed Martin’s Quality performance expectation we are requesting your management review this form and assure its total completion and accuracy before presenting your response to our representatives for acceptance. All portions of this form must be completed before returning it to ensure sustained improvement and the elimination of redundant discrepancies of our supplier’s products and processes.

Please e-mail the completed form to those persons listed on the distribution of the original CAR. If e-mail is not available at your facility, FAX to your Supplier Quality Representative that initiated the CAR. You may copy or reproduce this form electronically for transmittal or expansion of answer areas. If transmitting electronically, please send in MSWord format. You may use attachments as well to provide detailed definition; however, this form must be completed in summary format as a minimum. Please contact the initiator for specific instructions if you do not understand any portion of this form.

|  |  |  |
| --- | --- | --- |
| Related to LM Aero CAR number:       | Date of CAR Initiation:       | Date CAR is due:       |
| Submitted by (Company Name):       | LM Supplier ID Number:       |
| Name of Submitter:       | Date Your Response Transmitted:       |
| P/N or Service Affected:       | LM Aero Program Affected:       |

Name of Supplier Representative Approving this Response:

Title:

Date:

**Note: It is required that at least one industry-recognized tool is used in the identification of a root cause that will help eliminate future occurrences. The following templates are attached as potential Root Cause Analysis tools. Other tools may be used as appropriate.**

1. 5-Why Template

2. Ishikawa Cause and Effect / Fishbone Diagram Template

3. Cause Map Template



**Discrepancy:**

Copy and paste the discrepancy as written on the CAR.

**Response Summary:**

Provide a short summary of the response. Write this at an executive summary level.

1. **Containment Actions**

**Identify effectivity of product(s) already shipped to LM Aero affected by the original problem.**

Identify other products affected. If none, write "none" and describe actions taken to confirm no other product was affected.

**What other product, if any, was affected by this discrepancy?**

Identify other products affected. If none, write "none".

**What immediate actions were taken to contain this discrepancy?**

List the Containment Actions; i.e., immediate actions that have been taken to prevent the discrepancy until the long-term corrective actions are in place. Note, these actions must already be complete.

1. **Root Cause Analysis**

**Problem Statement:**

Provide a concise statement of the problem to be addressed.

**Data Collection and Analysis:**

State any background information/items investigated. Use pictures, graphics, flow-charts, etc., to help illustrate, if possible.

**Root Cause Identification:**

Discus the type of RCA completed. Attach completed RCA tool in Attachment 1.

List all root causes identified where action was taken.

Identify at what unit serial number, batch number, or manufacturing date this problem will be fixed

1. **Corrective Actions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Root Cause Issue** | **Corrective Action** | **POC** | **Implementation ECD** | **Objective Evidence** |
| 1 | This must match the root causes listed in section B and in Attachment 1.  |       | POC:       | ECD:       |       |
|   |       |       | POC:       | ECD:       |       |
|   |       |       | POC:       | ECD:       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Measure Of Effectiveness** | **POC** | **Verification ECD** | **Objective Evidence** |
| Define action taken to verify Correcitive Action is effective and recurrence of the nonconformance is eliminated  | POC:       | ECD:       |       |

Should you have questions or comments regarding this response, please contact Name of POC at Phone Number of POC.

Respectfully submitted,

Name of Supplier Representative

Title of Supplier Representative

**Attachment 1: Root Cause Analysis**

Insert completed RCA below