| **DELEGATED SELLER END ITEM ACCEPTANCE REPORT** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE:** | | | |  | | |
| **TOOL / PARS NUMBER** | | **PART NUMBER** | **SELLER NAME** | **SELLER LM SUPPLIER NUMBER** | | |
|  | |  |  | |  | |
| **PURCHASE ORDER NUMBER** | | **PURCHASE ORDER LINE ITEM** | **TOOL DESIGN REVISION (if applicable)** | | **TRF REV (if applicable)** | |
|  | |  |  | |  | |
| **EACH LINE SHALL HAVE AN ENTRY DATE AND ENDORSEMENT BY SELLER’S AUTHORIZED QUALITY REPRESENTATIVE VIA STAMP. EACH LINE THAT IS NOT APPLICABLE SHALL HAVE N/A ENTRY IN THE DATE COLUMN. A SINGLE STAMP PER SECTION IS ACCEPTABLE AS LONG AS EACH LINE IS POPULATED WITH A DATE OR N/A ENTRY.** | | | | | | |
| **SECTION 1 – DOCUMENTATION** | | | | | | |
| 1.1 | Verify Purchase Order Instruction Sheet (POIS) and Build To Package (BTP) are correct AND do not conflict. | | | |  |  |
| 1.2 | Verify that the applicable Lockheed Martin Program has approved the Tool Design (if applicable). | | | |  |  |
| 1.3 | Verify Interchangeable Replaceable features have been identified (if applicable). | | | |  |  |
| 1.4 | Verify all Special Process certificates of conformance, including class I or Safety Critical welds, Heat Treat, Hardness, etc… | | | |  |  |
| 1.5 | Verify all electronic Supplier Problem and Resolution Reports (e-SPaRs) have been resolved and closed (retain proof of closure). | | | |  |  |
| 1.6 | Verify all Supplier Aircraft Tooling Reports (SATRs) have been resolved and closed (retain proof of closure). | | | |  |  |
| **SECTION 2 – IDENTIFICATION** | | | | | | |
| 2.1 | Verify that LM Aero furnished Tool Plaque is applied per PM-4053 instructions in Section 3.8 (if applicable). | | | |  |  |
| 2.2 | Verify Tool Plaque Identification is correct per the requirements of PM-4053, section 3.8 for the specific LM Aero ship to site. | | | |  |  |
| 2.3 | Verify that the Bar Code or IUID is correct and placed in accordance with PM-4053 instructions (if applicable). | | | |  |  |
| 2.4 | Verify that all “loose details” have been identified and or “Color Coded” as specified in the POIS or Tool Design. | | | |  |  |
| 2.5 | Verify that the shipping and/or storage container(s) are identified per PM-4053 (check for typographical errors). | | | |  |  |
| 2.6 | Verify that all tooling reference points are identified, stamped correctly, and are legible (check for typographical errors). | | | |  |  |
| **SECTION 3 – TOOL PLAQUE INFORMATION** | | | | | | |
| 3.1 | Verify that the Tool Requires Trial Run per POIS. Please specify - TRIAL RUN YES:  NO: | | | |  |  |
| 3.2 | Verify that Heat Survey block has been “stamped”, if H/S was performed. Enter “N/A” if H/S is not required. | | | |  |  |
| 3.3 | Verify that Trial Run Block has been stamped, if Trial Run is required, and that the Production Block is left blank. | | | |  |  |
| 3.4 | Verify that green Trial Run sticker has been placed on the tool or Tool Plaque per PM-4053. | | | |  |  |
| 3.5 | Verify that Production Block is stamped, if no Trial Run is required, per POIS or PM-4053 specified Tool codes. | | | |  |  |
| 3.6 | Verify **ALL** blocks have been **completely filled in** with an entry on the Tool Identification Plaque per PM-4053, Section 3.8. | | | |  |  |
| 3.7 | Verify that all Certifications and Reports are in a sealed envelope or bag stating “**THESE DOCUMENTS MUST REMAIN WITH THIS TOOL, DO NOT REMOVE**”. | | | |  |  |
| **SELLER COMMENTS, IF ANY, ON NEXT PAGE** | | | | | | |
|  | | | | | | |
| **SELLER COMMENTS;** | | | | | | |
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