# Instructions

In accordance with Quality Appendix QX or QI, Suppliers/LM Business Units (see Note 4) must notify Lockheed-Martin Aeronautics of potential or verified non-conformances by utilizing the on-line Supplier Quality Management System (SQMS). This form is a required supplement to all Supplier Disclosure Letters submitted in the SQMS system.

**Step 1: Supplier Disclosure Letter – Supplemental Form**

A. Complete this SDL Supplemental Form per the instructions in each field

B. Attach the completed form to the SDL Notification in the SQMS Portal *(ensure you retain a copy of the completed form in your files).*

C. Assess the non-compliant condition for its potential to exist in products delivered in support of other LM Aero Programs beyond the program indicated on the SDL notification

**Step 2: Submit the SDL Notification in the SQMS Portal**

1. Go to the SQMS Portal at <https://sqm.lmaeronautics.com/>
2. Complete the online form (see section IV.B.2.e. of the SQMS User Guide)
3. Include the following items as attachments:

* This completed file package
* Any other supporting documentation, such as
  + Engineering analysis,
  + Seller-designed drawings,
  + inspection/test instructions,
  + recommended disposition, etc. (as applicable)

**Review of SDL Submission**

Upon submission in the SQMS portal, your primary assigned Supplier Quality Engineer will review your electronic submission to:

1. Ensure a disclosure is required in accordance with Lockheed-Martin Appendix QX
2. Review the completed SDL form (this package) for adequacy and completeness;
3. Review the online form (SQMS Portal) for adherence to the review guide on the last page

**NOTES:**

**1It is critical that information be submitted at the soonest time possible. While all requested information is crucial to LM’s investigation of the issue, Do NOT delay submitting the SDL or Supplemental Form if all requested information is not readily available.**

**2 Any SDL notification returned to the supplier for any reason (i.e., insufficient/missing/incorrect information) should be addressed by the supplier with urgency and at the soonest time possible.**

**3 This instruction package does not apply to F-35 fuselage component suppliers (NGC, BAE, Alenia Wings, IAI Wings) and the Italy/Japan FACO sites that have separate reporting requirements per 2ZZA00475**

**4 If parts are manufactured and processed via a stock transfer to a Lockheed Martin Aeronautics facility in absence of a purchase order, the SDL supplemental form is utilized in lieu of the online system. The SDL supplemental form shall be submitted by email to the** [**System Administrator**](mailto:teri.l.mobley@lmco.com)**. In the case of an IWTA business unit scenario the term “LM Business Unit” will be “synonymous” with the term “supplier”**

**F-35 Suppliers should ensure that any included information is unclassified and any export controlled F-35 technical data included in technical descriptions or disposition recommendations is appropriately marked in accordance with Federal Acquisition Regulation, the International Traffic in Arms Regulations (ITAR), F-35 teaming agreements, and purchase orders. Export controlled information and Releasability to foreign persons shall be identified as appropriate and handled through appropriate program channels as needed.  Please reference the Arms Export Control Act (Title 22, U.S.C., Sec 2751, et seq.), as amended, or the Export Administration Act (Title 50, U.S.C., App 2401, et seq.), as amended.**

**Date**

|  |  |  |  |
| --- | --- | --- | --- |
| **1 Category** *(if applicable)* | | | |
| **Safety of Flight** | **Critical Safety Item** | **Counterfeit Part** | **Specialty Metals** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2 Supplier Information** | | | | |
| **Supplier Name** | | | **D&B/Cage Code**       /       / | |
| **Address** | | | **City / State / Zip** | |
| **SDL Initiator** | **Name** | **Title** | **Email** | **Phone**  (     ) |

|  |
| --- |
| **3 Multi-Program Impact Assessment**   * ***Has an analysis been performed to determine if the non-conforming condition impacts other LM Aero programs beyond the program indicated on the SDL input form?  Yes  No STOP! – An analysis of additional program impact must be conducted*** * ***Does this non-conforming condition impact or have the potential to impact other LM Aero programs?***   **No** |
| **Yes** ***- If YES, select Programs and initiate a separate SDL and Supplemental Form for each program identified*** |
| **Select all applicable impacted programs:  F35  C130/382  F16  F22  F2  P3/188  C5  MISC**  **Other identifiable programs (specify)** |

* ***Do the additional impacted program(s) pose a Safety of Flight concern?***

**No  Yes**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **4 Part Information *(if additional space is required include as a separate attachment and upload into SQMS)*** | | | | | | |
| **Buyer P/N** | **Seller P/N** | **Part Name** | **Qty** | **Program(s)** | **Purchase  Order #** | **Ship Date(s) / Ship to Facility (date format M/d/yyyy)** |
|  |  |  |  |  |  | FWT  MAR  PLM |
|  |  |  |  |  |  | FWT  MAR  PLM |
|  |  |  |  |  |  | FWT  MAR  PLM |
|  |  |  |  |  |  | FWT  MAR  PLM |
|  |  |  |  |  |  | FWT  MAR  PLM |
|  |  |  |  |  |  | FWT  MAR  PLM |

* ***Has a ‘Read Across’ analysis been performed to determine if the non-conforming condition impacts other part types of the same family?*  Yes**  **No**

|  |
| --- |
| **5 Statement of Condition** |
| **“Should Be” Condition – Describe the following:**   * **Specific engineering requirements and acceptance criteria that were violated.** * **Cite the governing requirements documents (i.e., Drawing, Specification, Acceptance Test Procedure, etc.) including Design Activity, Document Number and Revision Level** |
|  |
| **“Is” Condition – Provide the following:**   * **A concise description of the discrepancy** * **How the part deviates from engineering requirements** * **An explanation of how these items were determined to be non-conforming** |
|  |
| **6 Current Information**  ***What credible information do you have that leads you to reasonably conclude this nonconforming condition exists or has the potential to exist in the identified population?*** |
|  |

|  |  |  |
| --- | --- | --- |
| **7 Compliance Validation Plan**  ***If compliance status is still under investigation, describe in detail the actions you have taken (or plan to take) to determine compliance status. (If additional space is required include as a separate attachment and upload into SQMS)*** | | |
| **Actions** | **Supplier Responsible POC  (Name-Email-Phone)** | **Date actions implemented or ECD** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **8** **Traceability *(if additional space is required include as a separate attachment and upload into SQMS)* Provide the following:**   * **Traceability information for ALL affected units (i.e., Serial Numbers, Lot Numbers, Dates of Manufacture, etc.)** * **Any discrete markings that will aid Lockheed Martin locate and identify affected units.** | |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **If the full range of impacted units is not yet known, provide the following:**   * **Your plan to obtain this information along with Seller’s point of contact information and expected completion date.** * ***What is the suspect population of units and what information do you have that leads you to believe this is the affected population?*** |
|  |

|  |
| --- |
| **9 Detection / Discovery**  ***How was it discovered or learned that this condition exists.*** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **10 Part Source**  ***Did the non-conformance occur at a facility other than what is on the face of the Purchase Order?***  **No** | | | |
| **Yes** ***- If YES, and the origination is NOT a sub-tier, provide the facility information in the field for “Origination”***  **Yes** ***- If YES, and the origination IS a sub-tier, complete the Sub-Tier information*** | | | |
| **Origination** | | | |
| **Sub-Tier Information** ***(if applicable) – If the non-conformance originated at a sub-tier supplier, provide sub-tier details below.*** | | | |
| **Supplier Name** | | | **D&B / Cage Code** |
| **Address** | | **City / State / Zip** | **P/N** |
| **Supplier POC Name** | | **Title** | **Phone (     )** |
| **Is this a first level Sub-Tier?**  **Yes**  **No** | **If no, define path to Sub-Tier** | | |

|  |
| --- |
| **11 Delivery Destinations Other than LM Aero FWT/MAR/PLM**  ***Has the affected item(s) been delivered to any other customers who are known to incorporate into Lockheed Martin product?***   **No**  **Yes** - ***If YES, provide the company name(s), address and point of contact information.   (NOTE: If this is still under investigation provide an ECD and a POC)*** |
|  |

|  |
| --- |
| **12 Inspection Instructions / Usability Information to Lockheed Martin *(input N/A if unknown)*** |
| **Are there recommended/specific methods or test procedures which LM can use to verify nonconformance of delivered parts?**  **No**  **Yes - *If YES, provide details in the block below.*** |
|  |
| **Will non-conformance prevent installation? *(detection failure points such as SCOP, structure, electronic, software)***  **No**  **Yes - *If YES, provide details in the block below.*** |
|  |

|  |  |  |
| --- | --- | --- |
| **13 Containment *(if additional space is required include as a separate attachment and upload into SQMS)***  ***Define in detail the actions performed or planned to be performed to immediately stop the flow of nonconforming product to LM.*** | | |
| **Actions** | **Supplier Responsible POC  (Name-Email-Phone)** | **Date actions implemented or ECD** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **14 Recurrence**  ***Has this issue been previously reported on an SDL or have LM Aero QARs been previously issued for this defect?***  **No**  **Yes - *If YES, provide the following information.*** | | |
| **Supplier Disclosure Letter No (s)** | **Date Issued** | **Part Number(s)** |
| **Previously Issued LM Aero QAR(s) No** | **Date Issued** | **Part Number(s)** |

|  |
| --- |
| **15 Replenishment** |
| **If needed, do you have replacement units immediately available?**  **Yes**  **No - *If NO, provide first available date*:** **First Availability** |

|  |  |
| --- | --- |
| **16 GIDEP**  ***Is this issue tied to a GIDEP?***  **No**  **Yes - *If YES, provide the following information.*** | |
| **GIDEP number** | **Date of GIDEP** |
| **Type:**  **Alert**  **Safety Alert**  **Problem Advisory**  **Other (describe)** | |

|  |
| --- |
| **17 DFARS**  ***Is this nonconformance related to any of the DFARS clauses outlined in the SQMS User Guide?***  **No**  **Yes *-******If YES, provide the following information.*** |
| **Clause:** |

|  |  |  |
| --- | --- | --- |
| **18 Root Cause Analysis**  ***Has a root cause analysis been performed and completed?***  **No** ***- If NO, provide an ECD for completion***  **Yes** ***- If YES, provide the information below and attach a copy of the completed RCA tool into SQMS.*** | | |
| **RCA Findings or ECD for completion** | | |
| **POC Name** | **Email** | **Phone (     )** |

|  |  |  |
| --- | --- | --- |
| **19 Corrective Action**  ***Has corrective action been performed and completed?  Yes  No***  **No** ***- If NO, provide an ECD for completion***  **Yes** ***- If YES, provide the information below and attach a copy of the Corrective Action Plan into SQMS.*** | | |
| **Corrective Action or ECD for completion** | | |
| **POC Name** | **Email** | **Phone (     )** |
| **NOTE: Do NOT withhold submission of the SDL or this Supplemental Form for completion of the Root Cause Analysis / Corrective Action Plan. It is critical that nonconformance information be submitted at the soonest time possible.** | | |
|  | | |
| **THE FOLLOWING SECTION IS ONLY FOR SELLER-DESIGNED ITEMS** | | |
| **20 Recommended Disposition**  ***Provide your recommended disposition and include RATIONALE for any disposition (i.e., use-as-is, repair, rework, etc.)***  ***NOTES: (1) For rework/repair/modifications to be carried out at Lockheed Martin, attach planning or instructions in SQMS portal  (2) For use-as-is dispositions, attach supporting documentation in SQMS portal (i.e., engineering analysis)*** | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **21 Inspection Instructions**  ***Are there recommended test methods or procedures which Lockheed Martin can use to test for this condition on items in our possession?***  **No**  **Yes - *If YES, describe the inspection/test instructions and provide guidelines on accept/reject criteria.***   |  | | --- | | **Inspection/Test Instructions** | | **Accept/Reject Criteria** |   ***Include inspection instruction documents or test procedures as attachments in SQMS portal. If instructions are in-work but not yet available, provide point of contact information and expected completion date in the box below.*** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **22 Drawing / Specification Requirements**  ***Are drawings/specifications available for upload into SQMS?***  ***No - If NO, provide the following information in order for LM to implement containment actions***  ***Yes - If YES, upload a copy of the drawing/specifications into SQMS*** | | | | |
| **Instructions on how to obtain drawing/specification** | | | | |
| **Supplier  POC** | **Name** | **Title** | **Email** | **Phone**  (     ) |

