



US Department of Transportation  
Federal Aviation Administration

## ODA PRODUCTION LIMITATION RECORD (PLR) REPORT

**A. PRODUCTION APPROVAL HOLDER'S NAME:**

**B. FACILITY LOCATION(S):**

**C. ODA NUMBER:**

**D. TC OR STC NUMBER TO BE ADDED TO PLR:**

**E. PC NUMBER:**

**F. AIRCRAFT MODEL NUMBER TO BE ADDED TO PLR:**

**G. AUDIT DATES:**

**H. QUALITY CONTROL DATA - TITLE, REVISION, FAA APPROVAL DATE:**

### I. LIST OF ODA UNIT MEMBERS PERFORMING PLR AUDIT

ODA UNIT MEMBER NAMES		AUTHORIZED FUNCTIONS

### J. ODA PLR AUDIT RESULTS

SYSTEM ELEMENT	OBSERVATION NUMBER	LIST QC AREAS AUDITED	CORRECTIVE & REMEDIAL ACTIONS COMPLETE
<b>1. Organization &amp; Responsibility</b>			
<b>2. Design Data Control</b>			
<b>3. Software Quality Assurance</b>			
<b>4. Manufacturing Processes</b>			
<b>5. Special Manufacturing Processes</b>			
<b>6. Statistical Quality Control</b>			

<b>7. Tool &amp; Gauge Control</b>			
<b>8. Testing</b>			
<b>9. Nondestructive Inspection</b>			
<b>10. Supplier Control &amp; Receiving Inspection</b>			
<b>11. Nonconforming Material</b>			
<b>12. Material Handling &amp; Storage</b>			
<b>13. Airworthiness Determination</b>			
<b>14. Global Production</b>			
<b>15. Other</b>			

**CORRECTIVE AND REMEDIAL ACTIONS FOLLOWUP:** I CERTIFY THAT THE ODA UNIT VERIFIED THE PC HOLDER COMPLETED CORRECTIVE AND REMEDAL ACTIONS, AND CONSIDERS THESE ACTIONS ACCEPTABLE.

\_\_\_\_\_  
ODA ADMINISTRATOR SIGNATURE

\_\_\_\_\_  
DATE:

**K. ODA PLR REPORT EXECUTIVE SUMMARY**

**FACILITY:**

**PC NUMBER:**

**DATE OF EVALUATION:**

**ODA NUMBER:**

**SUMMARIZE EACH FINDING AND OBSERVATION AND REFERENCE THE SYSTEM EVALUATION RECORD NUMBER.**  
(Attach sheets as necessary)

**PLR REPORT:** I CERTIFY THAT ALL FINDINGS AND OBSERVATIONS IN THIS REPORT HAVE BEEN RECORDED AND THE PC HOLDER NOTIFIED OF THESE RESULTS. THE PC HOLDER UNDERSTANDS THAT THEY MUST SUBMIT A WRITTEN RESPONSE TO THE ODA UNIT. I WILL SEND A COPY OF THIS REPORT TO THE MIDO/CMO.

\_\_\_\_\_  
ODA ADMINISTRATOR SIGNATURE

\_\_\_\_\_  
DATE: