

PRODUCT QUALITY DEFICIENCY REPORT

Category I Category II

Info Only PQDR Repairable Item?

1a. FROM (Original Office Mailing Address)

2a. TO (PQDR Screening Point)

1b. ORIGINATOR NAME, PHONE NUMBER & E-MAIL ADDRESS
MMO NAME, PHONE NUMBER & E-MAIL ADDRESS

1c. DATE SUBMITTED

2b. NAME, TELEPHONE NUMBER & E-MAIL ADDRESS

2c. DATE

3. REPORT CONTROL NUMBER

4. DATE DEFICIENCY WAS DISCOVERED

5. DEFECTIVE ITEM NATIONAL STOCK NUMBER (NSN)

6. DEFECTIVE ITEM NOMENCLATURE

7a. MANUFACTURER OR REPAIR DEPOT / CITY / STATE

7b. MANUFACTURER'S CAGE CODE

7c. SHIPPER / CITY / STATE

8. DEFECTIVE ITEM PART NUMBER

9. SERIAL, LOT, OR BATCH NUMBER

Serial #: Unknown
Lot #: N/A
Batch #:

10a. CONTRACT NUMBER

10b. PURCHASE ORDER NUMBER

10c. REQUISITION / DOCUMENT NUMBER

10d. GBL NUMBER

11. ITEM

Original Equipment
 New Replacement Repaired
 Overhauled

12. DATE RECEIVED, MANUFACTURED, REPAIRED, OR OVERHAULED

Date Received:
Date Repaired:
Date Manufactured:
Date Overhauled:

13. OPERATING TIME AT FAILURE

Initial
Hours:
Cycles:
Days:
Miles:
Rounds:

14. GOVERNMENT FURNISHED MATERIAL

YES NO

15. QUANTITY

a. RECEIVED

b. INSPECTED

c. DEFICIENT

d. IN STOCK

16. DEFICIENT ITEM WORKS ON/WITH

a. END ITEM
b. NEXT HIGHER ASSEMBLY (NHA)

(1) END ITEM NSN TYPE / MODEL / SERIES

(2) END ITEM SERIAL NUMBER

(1) NHA NSN

(2) NHA NOMENCLATURE

(3) NHA PART NUMBER

(4) NHA SERIAL NUMBER

17. DEFECTIVE ITEM UNIT COST

\$

18. ESTIMATED REPAIR COST

\$

19a. ITEM UNDER WARRANTY

YES NO UNKNOWN

19b. WARRANTY EXPIRATION DATE

20. END ITEM TAM

21a. ACTION REQUESTED (Select only one value) REPLACEMENT REPAIR CREDIT OTHER (Explain in Block 22)

21b. CURRENT DISPOSITION OF DEFECTIVE ITEM (the Exhibit) (Select only one value)

HOLDING EXHIBIT FOR 30 DAYS RELEASED FOR INVESTIGATION RETURNED TO STOCK DISPOSED OF REPAIRED OTHER (Explain in Block 22)

22. DESCRIPTION OF THE DEFECT (Describe in detail what is wrong, circumstances prior to the difficulty, probable cause, any action taken, recommendations. Attach copy of supporting documents. Continue on separate sheet if necessary)

23. LOCATION OF DEFICIENT MATERIAL (e.g. Base, Camp, Station)

INSTRUCTIONS

1a. FROM (Originating Office Mailing Address) – Complete name of activity (no acronyms when sending deficiency report across component lines), activity address code (ACC) mailing address including zip code of the activity originating the report.

1b. ORIGINATOR NAME, PHONE NUMBER & E-MAIL ADDRESS – Provide name, telephone number (including all available telephone numbers; FTS; Autovan, and commercial) and email address of an individual who can serve as a contact for questions regarding the report and/or to request exhibits or samples.

1c. DATE SUBMITTED – Enter date report was signed and forwarded to the screening or action point.

2a. TO (PQDR Screening Point) – The originating point will complete name of the screening point activity (no acronyms when deficiency report will be including zip code of the screening point where the report needs to be sent by the originator's activity. For those activities that do not have screening points, leave blank.

2b. NAME, TELEPHONE NUMBER AND E-MAIL ADDRESS – Nothing follows.

2c. DATE – Enter the date the person finished processing the report at the screening point.

3. REPORT CONTROL NUMBER – Number assigned to report when a numbering system is used. Those activities which are reporting quality deficiencies across component lines and are to comply with the DLA Regulation 4155.24 should reference the report control number as prescribed in the regulation.

7a. MANUFACTURER OR REPAIR DEPOT / CITY / STATE – Name of the manufacturer, the maintenance contractor, or Government activity which last repaired or overhauled the deficient item. For motor vehicles or components thereof, enter name of manufacturer of the vehicle or component, as appropriate.

7b. MANUFACTURER'S CAGE CODE – Code of the manufacturer as listed in Cataloging Handbook H4.1 (Name to code), Federal Supply Code for manufacturer (United States and Canada).

7c. SHIPPING / CITY / STATE – When the shipper of an item is different from the manufacturer, also include the shipper's or suppliers name.

9. SERIAL / LOT / BATCH NUMBER – Manufacturer's serial, lot, or batch number of deficient items as applicable.

10a. CONTRACT NUMBER – Enter contract number.

10b. PURCHASE ORDER NUMBER – Enter purchase order number.

10c. REQUISITION / DOCUMENT NUMBER – Enter requisition and/or number.

10d. GBL NUMBER – Nothing follows.

11. ITEM – Check the appropriate box; provide the dates manufactured and received in Block 12, if available.

12. DATE RECEIVED, MANUFACTURED, REPAIRED, OR OVERHAULED – Nothing follows.

13. OPERATING TIME AT FAILURE – Time item had been in operation since new, overhauled, or repaired when the deficiency was discovered, citing the appropriate performance element (miles, cycles, hours etc.).

15a. QUANTITY RECEIVED – Enter the total number of items or parts received.

15b. QUANTITY INSPECTED – Enter the total number of items inspected.

15c. QUANTITY DEFICIENT – Enter the quantity found deficient of those inspected.

15d. QUANTITY IN STOCK – Enter the quantity of material from the same manufacturer remaining in stock.

17. DEFECTIVE ITEM UNIT COST – Dollar value of the deficient item when known. Not applicable on reporting vehicles to GSA.

18. ESTIMATED REPAIR COST – Unit cost times number of units for replacement or estimated repair costs (including overhead) times number of units for correcting all the deficient items reported when it can readily be determined. Not applicable on reporting vehicles to GSA.

19a. ITEM UNDER WARRANTY – Check if item is known to be covered by contractor warranty. If yes, provide expiration date.

19b. WARRANTY EXPIRATION DATE – Provide the date the warranty is set to expire.

20. END ITEM TAM – Nothing follows.

21a. ACTION REQUESTED (Select only one value) – A check in the appropriate block to indicate the action taken or requested. Reporting activities are reminded that the packaging, packing and shipping containers are to be held along with the exhibits to facilitate investigation. When none of the items indicate the actions taken or requested, check "OTHER" and identify the nature of the action taken or requested in item 22.

21b. CURRENT DISPOSITION OF DEFECTIVE ITEM (the Exhibit) (Select only one value) – A check in the appropriate block to indicate the action taken or requested. When an exhibit or sample is being held, indicate the number of days in the space provided. (An exhibit or sample shall be held for a minimum of 30 calendar days from date the report is transmitted to the action point. ACO will instruct disposition of the item. When none of the items indicate the actions taken or requested, check "OTHER" and identify the nature of the action taken or requested in item 22.

22. DESCRIPTION OF THE DEFECT (describe in detail what is wrong, circumstances prior to the difficulty, probable cause, any action taken, recommendations. Attach copies of supporting documents. Continue on separate sheet if necessary.) – Nothing follows.

23. LOCATION OF DEFICIENT MATERIAL (e.g. Base, Camp, Station) – Nothing follows.