PRODUCT QUALITY DEFICIENCY REPORT (PQDR)							
CATEGORY I II	REPORT CONTROL NUMBER (RCN)			DATE			
1a. FROM (Original Office Mailing Address - include DoDAAC)				1b. ORIGINATOR NAME, PHONE NUMBER & E-MAIL ADDRESS			
2a. TO (PQDR Screening Point)				2b. SCREENING POINT NAME, TELEPHONE NUMBER & E-MAIL ADDRESS			
3. DESCRIPTION OF DEFICIENCY (De recommendations. Attach copy of suppoin the instructions on the back of this for	orting documents.					ns listed 4. DATE DEFICIENCY WAS DISCOVERED	
5. DEFICIENT ITEM NATIONAL STOC NUMBER (NSN)	ENT ITEM NOMENCLATURE			7. OPERATING TIME AT FAILURE Initial Hours: Days: Rounds: Cycles: Miles: Other:			
8. DEFICIENT ITEM PART NUMBER	9a. MANUFACT	URER'S CAGE CODE	9b. MANUFACT	URER / CITY / STATE			
10. QUANTITY a. RECEIVED: b. INSPECTED: c. DEFICIENT: d. IN STOCK:	11. SERIAL, LO SERIAL #: LOT #: BATCH #:	T, OR BATCH NUMBER Unknown N/A	12a. ITEM New Repaired Overhauled Unknown	REPAIRED, OR OVERHAULED Manufactured:		12c. LAST REPAIR FACILITY CAGE: DODAAC: REPAIR DEPOT / CITY / STATE	
13a. CONTRACT NUMBER 13b. REQUISITION / DOCUMENT NU					13c. PURCHASE ORDER NUMBER		
14. GOVERNMENT FURNISHED MATERIAL 15a. ITEM UNDER WARRANTY 15b. YES NO UNKNOWN 15b.				NTY EXPIRATION DA	TE 16. END ITEM EIC/WUC/TAMCN		
17. NEXT HIGHER ASSEMBLY a. NSN b. NOMENCLATURE c. PART NUMBER d. SERIAL NUMBER							
18. END ITEM a. NSN b. NOMENCLATURE c. TYPE/MODEL d. SERIAL NUMBER							
	DISPOSED OF / [DESTROYED REP	AIRED	(Select only one value	e) HER <i>(Explain in Bl</i> oc	ck 3)	
20. LOCATION OF DEFICIENT MATER	IAL (e.g. Base, C	amp, Station)					
21. ACTION REQUESTED (Select only	one value)	REPLACEMENT	REPAIR	CREDIT	OTHER (Explain in Block 3)	

INSTRUCTIONS

CATEGORY - A Category I PQDR is described as an item that could cause loss of life or catastrophic failure of a major weapon system. Category II PQDRs are all those which are not Category I. Category I justification shall be provided in Description of Deficiency, Block 3.

REPORT CONTROL NUMBER (RCN) - Unique number assigned to identify the PQDR. It is comprised of the six position originating activity DODAAC, a two digit calendar year, and a unique four position serial number, e.g. M12000-10-0001.

DATE - The date the SF368 is filled out.

- 1a. FROM (Originating Office Mailing Address) Complete name of activity (no acronyms when sending deficiency report across component lines), activity address code (AAC) mailing address including zip code of the activity originating the report and current location of the activity.
- **1b. ORIGINATOR NAME, PHONE NUMBER & E-MAIL ADDRESS** Provide name, telephone number (including all available telephone numbers; FTS; Autovon, 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. For units that are deployed, please state deployed.
- 2a. TO (PQDR Screening Point) The originating point will complete the name of the screening point activity (no acronyms) activity address code (AAC) mailing address 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. SCREENING POINT NAME, TELEPHONE NUMBER AND E-MAIL ADDRESS** If available, provide the name, telephone number, and e-mail address of the screening point individual.
- 3. DESCRIPTION OF DEFICIENCY A comprehensive description of the deficiency to include circumstances prior to the failure. Explain, to the best of your ability, what is wrong with the item. Explain how the item does not function with relating parts or assemblies. Include specific drawings, specifications, regulations, instructions, or contracts. If an item is dimensionally incorrect, list the actual dimensions as well as the source of the correct dimensions (tech manual/drawing or comparative measurement of the old item). As best as you can, also include the following:
 - Condition of packaging when received.
 - Condition of part when removed from packaging.
 - Was defect discovered prior to or after installation?
 - · How was deficiency discovered?
 - How was deficiency confirmed?
 - Were there any ID markings or stamps on deficient item?
 - Were serviceable tags attached or available when item was received?
 - Are pictures of the defective item available?
 - Describe or identify any tests or procedures used during installation and/or testing.
 - Identify (by RCN) any previous related (by NSN or defect) PQDRs that you know of or have submitted.
- **4. DATE DEFICIENCY WAS DISCOVERED** Date when the deficiency occurred or was discovered.
- **5. DEFICIENT ITEM NATIONAL STOCK NUMBER (NSN)** The National Stock Number consists of the four digit Federal Supply Classification (FSC) and nine digit National Item Identification Number (NIIN). The FSC identifies the general stock classification (9999 is MISCELLANEOUS ITEM). The FSC can be found in the Indexes Cataloging Handbook H2. It can also be found on this web site, http://www.dlis.dla.mil/h2. The NSN can often be found on the attached paperwork (DD250 or 1348 form), the product packaging, and in some cases on the item itself (example on manufacturer label or nameplate). Examples: (4730-00-013-0987), (4730-000130987)
- COG & SMIC Where applicable, the two character Cognizance Code (COG) and two character Special Material Identification Code (SMIC) shall be reported. The COG code identifies the Item Manager (ex: 7H, 9C). The SMIC identifies material under special programs or applications (ex: L1, X3)."
- **6. DEFICIENT ITEM NOMENCLATURE** The name of the deficient item at its lowest identifiable level.
- 7. 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.). Enter "Initial" if the deficiency occurred with no operation time since new, overhauled, or repaired.
- **8. DEFICIENT ITEM PART NUMBER** The manufacturer's part number of the deficient item. This number may be found on the item or package markings.
- **9a. MANUFACTURER'S CAGE CODE** A five digit Contract and Government Entity (CAGE) Code of the manufacturer (of the deficient item) as listed in the DLA Cataloging Handbook H4.1 (Name to code), Federal Supply Code for manufacturer (United States and Canada). The CAGE Code may be taken from the markings on the deficient item.

NOTE: If the deficient item was repaired or overhauled, the CAGE or DODAAC of the last repair/overhaul facility shall be entered in Block 12c.

9b. MANUFACTURER / CITY / STATE - Name and address of the manufacturer which manufactured, repaired or overhauled the deficient item. For motor vehicles or components thereof, enter name of manufacturer of the vehicle or component, as appropriate.

10. QUANTITY:

- $\boldsymbol{a.}$ $\boldsymbol{RECEIVED}$ \boldsymbol{Enter} the total number of items or parts received.
- **b. INSPECTED** Enter the total number of items inspected.
- **c. DEFICIENT** Enter the quantity found deficient of those inspected.

10. QUANTITY: continued

- d. IN STOCK Enter the quantity of additional material from the same manufacturer and contract remaining in stock.
- 11. SERIAL / LOT / BATCH NUMBER Enter the manufacturer's serial, lot, or batch number of the deficient items as applicable. If any of these are unknown or don't apply, check the respective boxes for Unknown or N/A. If multiple numbers are reported, provide additional numbers in Description of Deficiency, Block 3.
- 12a. ITEM Check the appropriate block to indicate whether the deficient item is New, Repaired, or Overhauled. Provide the dates manufactured, repaired, or overhauled in Block 12b, if available
- 12b. DATE MANUFACTURED, REPAIRED, OR OVERHAULED Enter the date the deficient item was manufactured if New item was selected in 12a, and the date repaired or overhauled if so selected in 12a.
- 12c. LAST REPAIR FACILITY If the deficient item was repaired or overhauled, enter the CAGE or DODAAC, name, and address of the Repair Facility which last repaired or overhauled the deficient item.
- 13a. CONTRACT NUMBER This is the identification number of the contract under which the deficient item/commodity was purchased or reworked. The number is comprised of Contract activity's Department of Defense Activity Address Code 6 position (DODAAC) example (N00024), seven position Contract Serial example (99C0001) Number, and 4 digit Contract Order Number example (0001). The contract number can often be found on the attached paperwork (DD250 or 1348 form), the product packaging, and in some cases on the item itself (example on manufacturer label or name plate). Examples (SP070098C0009), (N0010498C0008).
- 13b. REQUISITION / DOCUMENT NUMBER The original MILSTRIP document number used to order the item. It is a unique reference number assigned to a requisition/release/receipt document in order to identify the transaction throughout the logistics system. It consists of a 14 digit code that most often can be found with the deficient material paperwork or product packaging (e.g. 1348 form). It is most often made up of a 6 digit DODAAC, a single digit year, 3 digit Julian calendar date and a 4 digit serial number (e.g. N4511202334567). This information is key to getting the activity refunds/credits.
- **13c. PURCHASE ORDER NUMBER** The Purchase Order Number associated with the defective part. This can usually be found on the attached shipping document.
- **14. GOVERNMENT FURNISHED MATERIAL** Choose either YES, NO, or UNKNOWN. Only select "YES" if the deficient material was furnished by the Government to a Contractor for production purposes.
- **15a. ITEM UNDER WARRANTY** Choose either YES, NO, or UNKNOWN to indicate whether the deficient item is covered by an established or formal warranty. If yes, provide the warranty expiration date in Block 15b.
- 15b. WARRANTY EXPIRATION DATE Provide the date the warranty is set to expire.
- **16. END ITEM EIC / WUC / TAMCN** Enter the applicable Equipment Item Code (EIC), Work Unit Code (WUC), or Table of Authorized Material Control Number (TAMCN) for the deficient material.
- 17. NEXT HIGHER ASSEMBLY (NHA) If the deficient item is a part of another assembly before it is used or installed on the end item, enter all available information for that NHA.
- a. NSN National Stock Number associated with the next higher assembly.
- b. NOMENCLATURE Item name of the next higher assembly.
- c. PART NUMBER Part number assigned to the next higher assembly. d. SERIAL NUMBER Serial number of the next higher assembly.
- **18. END ITEM** Enter all available information for the principal end item, major weapon system, or commodity that the deficient item is used with or on (i.e. weapon system, vehicle, radio set, etc.).
- a. NSN National Stock Number associated with the end item.
- b. NOMENCLATURE Name of the end item.
- c. TYPE/MODEL Type or model assigned to the end item configuration.
- d. SERIAL NUMBER Serial number from the end item equipment or system. Multiple serial numbers may be listed in Description of Deficiency, Block 3.
- 19. CURRENT DISPOSITION OF DEFICIENT ITEM (the Exhibit) (Select only one value) Check the appropriate block to indicate the status of the deficient material (the exhibit(s)) at the time the PQDR is submitted. Reporting activities are reminded that exhibits will be held by the Originating Point until disposition instructions are received from an appropriate Screening or Action Point. If shipping or disposition instructions have not been received by 30 days, a follow-up must be initiated with the appropriate Screening or Action Point. Any packaging, packing and shipping containers are to be held along with the exhibits to facilitate investigation. When disposition is other than the listed items, check "OTHER" and identify the nature of the disposition in the Description of Deficiency, Block 3.
- **20. LOCATION OF DEFICIENT MATERIAL** (e.g. Base, Camp, Station, Supply Activity) Enter the name and location or supply activity that is currently holding the exhibit/deficient material
- 21. ACTION REQUESTED (Select only one value) Check the appropriate block to indicate the action you, the Originator, have already taken or are requesting. If none of the items indicate the actions taken or requested, check "OTHER" and identify the nature of the action taken or requested in the Description of Deficiency, Block 3.