

PRODUCT QUALITY DEFICIENCY REPORT					<input type="checkbox"/> CATEGORY I <input type="checkbox"/> CATEGORY II	
1a. FROM (Originator)				2a. TO (Screening point)		
1b. TYPED NAME, TELEPHONE NO. AND SIGNATURE			1c. DATE	2b. NAME, TELEPHONE NO. AND SIGNATURE		2c. DATE
3. REPORT CONTROL NO.		4. DATE DEFICIENCY DISCOVERED	5. NATIONAL STOCK NO. (NSN)		6. NOMENCLATURE	
7a. MANUFACTURER/CITY/STATE			7b. MFRS. CODE	7c. SHIPPER/CITY/STATE		9. MFRS. PART NO.
9. SERIAL/LOT/BATCH NO.		10a. CONTRACT NO.	10b. PURCHASE ORDER NO.	10c. REQUISITION NO.	10d. GBL NO.	
11. ITEM <input type="checkbox"/> NEW <input type="checkbox"/> REPAIRED/ OVERHAULED		12. DATE MANUFACTURED/ REPAIRED/OVERHAULED	13. OPERATING TIME AT FAILURE		14. GOVERNMENT FURNISHED MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	
15. QUANTITY		a. RECEIVED	b. INSPECTED		c. DEFICIENT	d. IN STOCK
16. DEFICIENT ITEM WORKS ON/WITH	a. END ITEM (Aircraft, tank, ship, howitzer, etc.)	(1) TYPE/MODEL/SERIES				(2) SERIAL NO.
	b. NEXT HIGHER ASSEMBLY	(1) NATIONAL STOCK NO. (NSN)		(2) NOMENCLATURE	(3) PART NO.	(4) SERIAL NO./LOT NO.
17. UNIT COST		18. EST. REPAIR COST \$	19a. ITEM UNDER WARRANTY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		19a. EXPIRATION DATE	
20. WORK UNIT CODE/EIC (Navy and Air Force only)						
21. ACTION/DISPOSITION <input type="checkbox"/> HOLDING EXHIBIT FOR _____ DAYS <input type="checkbox"/> RELEASED FOR INVESTIGATION <input type="checkbox"/> RETURNED TO STOCK <input type="checkbox"/> DISPOSED OF <input type="checkbox"/> REPAIRED <input type="checkbox"/> OTHER (Explain in Item 22)						
22. DETAILS (Describe, to best ability, what is wrong, how and why, circumstances prior to difficulty, cause, action taken, including disposition, recommendations. Attach copies of supporting documents. Continue on separate sheet if necessary.)						
23. LOCATION OF DEFICIENT MATERIAL						
24a. TO (Action point)				25a. TO (Support point) (Use items 26 and 27 if more than one)		
24b. NAME, TELEPHONE NO. AND SIGNATURE			24c. DATE	25b. NAME, TELEPHONE NO. AND SIGNATURE		25c. DATE
26a. TO (Support point)				27a. TO (Support point)		
26b. NAME, PHONE NO. AND SIGNATURE			26c. DATE	27b. NAME, TELEPHONE NO. AND SIGNATURE		27c. DATE

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 GENERAL SERVICES ADMINISTRATION
 (FPMR 101-28-8)

28. **FINDINGS AND RECOMMENDATIONS OF INVESTIGATION** (Explain in detail. Continue on a separate sheet of paper, if necessary.)

29. **ACTION TAKEN**

30. **RESULTS OF DEPOT SURVEILLANCE**

INSTRUCTIONS

1a. **FROM (Originator)** - Complete name of activity (no acronyms when sending deficiency report across component lines), activity address code (AAC), address including zip code of the activity originating the report.

1b. **NAME, TELEPHONE NO. AND SIGNATURE** - Provide name, telephone no., (include all available telephone numbers: FTS, Autovan, and commercial) and signature of an individual who can serve as a contact for questions regarding the report and/or to request exhibits or samples.

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

2a. **TO (Screening Point)** - The originating point will complete name of the screening point activity (no acronyms when deficiency report will be sent across component lines), the activity address code (AAC), 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.

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/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 CODE** - Code of the manufacturer as listed in Cataloging Handbook H4.1 (Name to code), Federal Supply Code for Manufacturers (United States and Canada).

7c. **SHIPPER/CITY/STATE** - When the shipper of an item is different from the manufacturer, also include the shipper's or supplier's name.

9. **SERIAL/LOT/BATCH NO.** - Manufacturer's serial, lot or batch number of deficient item as applicable.

10. **CONTRACT, PURCHASE ORDER, REQUISITION, GOVERNMENT BILL OF LADING (GBL) NO.** - Enter these numbers or any other available transportation document number in lieu of the GBL. Such numbers appear on the container, purchase document, and/or the item. It is extremely helpful if these items are furnished when the material was supplies by GSA.

11. **ITEM** - Check the appropriate block; provide the dates manufactured and received in Block 12, if available.

13. **OPERATING AT TIME OF 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.).

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. **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.

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

21. **ACTION/DISPOSITION** - 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 the date the report is transmitted to the action point. 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 or disposition taken or requested, check "Other" and identify the nature of the action taken or requested in item 22.

23. **LOCATION OF DEFICIENT MATERIAL** - Address and location of the deficient material.

24a. **TO (Action Point)** - Name, in the clear address, including zip code of the action point to which the report is being submitted.

24c. **DATE** - Enter the date the report was forwarded to an action point or the date the findings and recommendations were completed.

28. **FINDINGS AND RECOMMENDATIONS OF INVESTIGATION** - Include the findings and recommendations were completed.

29. **ACTION TAKEN** - State the action taken to resolve the complaint.

30. **RESULTS OF DEPOT SURVEILLANCE** - Show results of depot surveillance and planned action (i.e., replacement or repair by contractor, disposal, issue, etc.).

STANDARD FORM 368 BACK (REV. 10-85)