##### Form 3 - “Characteristic Accountability, Verification, and Compatibility Evaluation”

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| ***1. Part Number*** | ***2. Part Name*** | ***3. Serial Number*** | ***4. FAI Report Number*** |
| ***Characteristic Accountability*** | ***Inspection / Test Results*** | ***Optional Fields*** |
| ***5. Ch No.*** | ***6. Reference Location*** | ***7. Characteristic Designator*** | ***8. Requirements*** | ***9. Results*** | ***10. Designed / Qualified Tooling*** | ***11. Non Conformance Number*** | ***12. Additional Quality Requirements*** | ***13. Organization with Additional Requirements*** |
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| ***The signature indicates that all characteristics are accounted for / meet drawing requirements or are properly documented for disposition*** |
| ***14. Prepared by:*** | ***15. Date:*** |

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## Filling Instructions

This form is used to record inspection results for the design characteristics and to document any applicable non-conformances.

NOTE: Data fields 1 thru 4 are repeated on all forms for convenience and traceability. Any subsequent changes to “data fields” 1 thru 4 need to be made to all pages.

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| 1. | (R) | **Part Number:** Number of the FAI part (e.g., LH part number contained on the purchasing documents; part number from the associated Bill of Materials (BOM); manufacturer part number for internal parts, when LH part number is not available). |
| 2. | (R) | **Part Name:** Name of the FAI part. |
| 3. | (CR) | **Serial Number:** Serial number of the FAI part; unique identifier assigned to a detail part, sub-assembly, assembly, or installation by the organization or LH. |
| 4. | (CR) | **FAIR Number:** Reference number that identifies the First Article Inspection Report (FAIR); this may be an internal report number. |
| 5. | (R) | **Char. No.:** Unique assigned number for each design characteristic.• The ballooned design characteristic shall clearly be traceable to the characteristic number listed in field 5.• Automated inspection methods/tooling measurement report/results, shall all be clearly linked to the characteristic number in field 5, ballooned drawing, and associated measurement report/results.NOTE: A single design callout that applies to multiple characteristics may be recorded as one characteristic number. |
| 6. | (CR) | **Reference Location:** Location of the design characteristic (e.g., drawing zone (page number and section), DPD model location, specification callout). |
| 7. | (CR) | **Characteristic Designator:** If applicable, record characteristic type (e.g., critical items, key characteristics, flight safety, defined by LH). |
| 8. | (R) | **Requirement:** Specified requirement for the design characteristic (e.g., drawing or DPD dimensional characteristic with associated nominal dimension and tolerances, drawing notes, specification requirements).• Record the requirements in the units (e.g., metric, imperial systems) specified on the drawing or DPD, unless otherwise approved by the customer.• Record the software revision for embedded or deliverable software. |
| 9. | (R) | **Results:** List measurement(s) obtained for the design characteristics.For multiple characteristics list each characteristic as individual values or list once with the minimum and maximum of measured values attained. If a characteristic is found to be non-conforming then that characteristic *must* be listed separately with the measured value noted.NOTE: The Supplier shall record the results in the units specified on the drawing, DPD, or specification, unless otherwise approved by LH.* For multiple characteristics list each characteristic as individual values or list once with the minimum and maximum of measured values attained. If a characteristic is found to be nonconforming, then that characteristic must be listed separately with the measured value noted.
* When qualified tooling (e.g., radius gauges) is used as a go/no-go gauge, record the results as an attribute (e.g., pass / fail).
* When automated inspection tooling produces measurement results, those results may be referenced Form 3, identified as pass/fail, and attached only when:
	+ The characteristic numbers are clearly linked in the attached report.
	+ The results in the attached reports are clearly traceable to the characteristic numbers.
	+ The results are directly comparable to the design characteristic.
* A CMS (i.e. Coordinate Measurement System) report only depicting deviation from nominal in multiple axes is not acceptable ; the report shall reflect an actual geometric value.
* If a design requirement requires verification testing, record the actual results on the form. If a laboratory report or certificate of test is included in the FAIR, the results may be recorded as an attribute (e.g., pass / fail) and the test reference number recorded on the forms. The laboratory report or certificate of test must show specific values for requirements and actual results.
* For characteristics with visual verification requirements that are rated against standard photographs, list the photo number of the closest comparison. A statement of conformance is acceptable; record the reference number on the forms.
* For processes that require verification per design characteristics, include statement of conformance (e.g., certification of conformance, verification indicator - accept).
* For characteristics verified by attribute inspection include statement of conformance (e.g., accept).
* For part marking, ensure that marking is legible, correct in content and size and properly located, per applicable specification.
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| 10. | (CR) | **Designed / Qualified Tooling:** When design tooling or specially designedtooling, including NC programming as a media of inspection, is used for attribute acceptance of the characteristic, record the tool identification number. When qualified tooling is used for attribute acceptance, record the gauge value or range (e.g., minimum / maximum value), as applicable. |
| 11. | (CR) | **Nonconformance Number:** If the characteristic is found to be nonconforming, record a nonconformance document reference number and check the box “FAI not complete” on QRS.101.F02 or prEN9102:2014 equivalent one. |
| 12 | (O) | **12. Additional Quality Requirements:** Specific additional requirements that may be designated by LH or the supplier. |
| 13 | (O) | **13. Organization with Additional Requirements:** Select the Organization that requires additional requirements. |
| 14. | (R) | **Signature:** Printed name or unique identification, and signature of the person who prepared and approved this form. Signature indicates that all applicable design characteristics are accounted for and meet requirements or are properly documented.NOTE: Electronic identification and signature are both acceptable. |
| 15. | (R) | **Date:** Date when this form was prepared. |

Note: Each input filed is identified as:

* **(R) – Required**: this is mandatory information.

**- (CR) – Conditionally Required**: this field *shall* be completed when applicable to the article (e.g. serial number shall be entered where there is a serial number) or when required by Leonardo Helicopters.

**- (O) – Optional**: this field is provided for convenience; the field may be left blank