



MAPPS

PROCEDURES FOR FILLING OUT FAILURE REPORTS

L-3 MAPPS require every repair request to be accompanied by a Failure Report.

In order to streamline the processing of items returned to L-3 MAPPS for repairs, attached herein is an example of how to complete L-3 Failure Report form. Your cooperation in completing this form in full will enable us to provide a better service.

Where to submit the form:

1. One copy of the completed Failure Report should either be sent via fax or email to:

L-3 MAPPS Customer Service

Fax: (1) 514-789-0885

Email: cs.mapps@L-3Com.com

2. Another copy is to be included with the returned item to "REPAIR & OVERHAUL" at the address indicated below. One copy should be retained by the customer.

** The shipping address is located in the center block on the bottom of the Failure Report**

L-3 Communications MAPPS
ATTN: R & O, Dept. D5
8565 Côte-de-Liesse
St. Laurent, Québec H4T 1G5
Canada.

The following information is required when completing the form (see form layout below):

Section #1: Customer Information

- **Customer:** Customer or Company Name (for example: ABC Marine)
- **Address:** Complete address of where you wish L-3 MAPPS to ship the parts to
- **Simulator/System:** If applicable
- **Contract No:** If applicable (for example, 2XX9)

Section #2: Repair Request/Warranty Claim*

- Mark the appropriate box
- ***Warranty Claims** will be processed in accordance with the terms of the customer contract as specified in the Purchase Agreement. For Post-Warranty repair claims, please provide information as described in "Section #6".

Section #3: Assembly/Part Identification Blocks

- Enter information as identified on the item including serial number where possible



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Section #4: Description of Failure

- Provide a description of the failure and if known, the cause
- Define operating conditions which may be helpful during failure analysis

Section #5: Failure Report Number

- The customer is recommended in keeping a numbered Failure Report log for all hardware failures
- If multiple systems exist, a different series for each is practical because when making inquiries relating to a returned item, the customer's Failure Report log number will enable us to identify, trace, and provide status of this item with minimal delay

Section #6: Action Taken

- Mark the applicable box
- If a non-warranty item is returned under replacement or repair request, we suggest that the customer provide L-3 MAPPS with an initial purchase order not to exceed US\$475.00 – the minimum charge for tear down, test & evaluation
- L-3 MAPPS will provide the customer with a repair quote and authorization of repair/replacement before proceeding

Section #7: Acceptance Date

- Enter the date

Section #8: Shipping Details

- Provide all the shipping details with airway bill numbers



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Sample of a Failure Report



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PLEASE PRINT OR TYPE
SUBMIT SEPARATE REPORT FOR EACH ARISING

FAILURE REPORT

REPAIR REQUEST **#2**
WARRANTY CLAIM

CUSTOMER _____		REPORT NO. _____	
ADDRESS _____ #1		CUSTOMER REF. #5	
SIMULATOR/SYSTEM _____		DATE _____	
CONTRACT NO. _____		DA	MO
ASSEMBLY / PART DESCRIPTION		PART OF SYSTEM / SUBSYSTEM	
L-3 PART NO. #3	REVISION LEVEL	SERIAL NO.	FAILURE DATE
MANUFACTURER'S PART NO.	ACCEPTANCE DATE OF EQUIPMENT #7		
DESCRIPTION OF FAILURE AND CAUSE IF KNOWN (ATTACH SUPPORTING DOCUMENTS, IF APPLICABLE) #4			
ACTION TAKEN: REPLACED/REPAIRED ON SITE <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____ #6			AWB # / SHIPPING DETAILS
RETURNED TO L-3 MAPPS <input type="checkbox"/> REPAIR REQUEST ONLY P.O. NUMBER _____			#8
SUBMITTED BY	TITLE	TELEPHONE NO.	
FOR L-3 MAPPS USE ONLY			
DATE REPORT RECEIVED		DATE ITEM RECEIVED	
INVESTIGATION RESULTS			
REPLACE ITEM <input type="checkbox"/>	Receive Order No. _____		
REPAIR ITEM <input type="checkbox"/>	Word Order No. _____		
ENGINEERING ASSISTANCE REQ'D <input type="checkbox"/>	Customer Order No. _____		
QUALITY ASSURANCE			
SHIPPED VIA	OGS NO.	INVOICE NO.	DATE
1 COPY - FAX/MAIL TO:		1 COPY - ENCLOSE WITH FAILED ITEM & SHIP TO:	
L-3 COMMUNICATIONS MAPPS ATTN : R & O, DEPT. D5 8565 COTE DE LIESSE ST. LAURENT, QUEBEC H4T 1G5 CANADA. FAX (1) 514-789-0885 EMAIL: cs.mapps@L-3Com.com		L-3 COMMUNICATIONS MAPPS ATTN : R & O, DEPT. D5 8565 COTE DE LIESSE ST. LAURENT, QUEBEC H4T 1G5 CANADA	
		1 COPY - FILE TO BE RETAINED BY CUSTOMER	