

SUSPECT COUNTERFEIT PART REPORT

Counterfeit Calculated Risk Release

SUPPLIER NAME: _____

DATE RECEIVED: _____

SCPR#: _____ SHEET _____ OF _____

Routing Ticket#:	Op#:	Quantity Received:	Job Number:
Item Name:	[REDACTED]		
Part#:	[REDACTED]		
Project Name:	[REDACTED]		
Send-to & Date:		Critical Impact to Schedule or Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	
[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]		
[REDACTED]	[REDACTED]		
Trend? <input type="checkbox"/> NO <input type="checkbox"/> YES provide details:	[REDACTED]		
CLASSIFICATION	Disposition - check all that apply		
MAJOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approvals and Effectivity Verification

Review or Verify and Document Effectiveness of Action(s) Taken. Record source of objective evidence (training records, revised procedures):			
Originator Name - Date	Notify Customer - Date	Notify GIDEP - Date	Notify ERAI - Date
Notify FAA - Date	Notify Purchasing - Date	Notify Supplier - Date	Notify Manufacturer - Date

ACN=Advance Change Notice; ICAR=Investigation and Corrective Action Request; EO=Engineering Order