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| --- | --- | --- |
| 1. Company/Supplier Name
 |       |  |
| 1. Supplier Representative Name
 |       |  |
| 1. Purchase Order No.
 |       |  |
| 1. Position No./Line Item
 |       |  |
| 1. Quantity
 |       |  |
| 1. Supplier Return No. (Optional)
 |       |  |
| 1. Serial Number
 |       |  |
| 1. Supplier Part No.
 |       |  |
| 1. Ingalls (DA0/DSL) Part No.
 |       |  |

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| 1. Detailed Problem/Root Cause (Add Attachment A: When Additional Comments/Photos Apply):
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|  |        |  |
|  |
| 1. Detailed Solution/Fix (Add Attachment B: When Additional Comments/Photos Apply):
 |
|  |       |  |
| 1. Optional: Recurring Problem Mitigation/Supplier Preventative/Protection Recommendations

 (Add Attachment C: When Additional Comments/Photos Apply):       |
| 1. Equipment was satisfactorily retested. [ ]  Y [ ]  N

 Comments:       |
|  |
| [ ]  This material is non-repairable (Pleases check the box if applicable). |
|  |
|  |
| Supplier Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date       |