



MAPPS

PROCEDURE FOR FILLING OUT FAILURE REPORTS

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

In order to streamline the processing of items returned to L-3 MAPPS for repair, please refer to the instructions below for completing the L-3 MAPPS Failure Report Form. Your cooperation in completing this form with as much detail as possible will enable us to provide the best possible service.

Where to submit the form:

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

L-3 MAPPS Customer Service
Fax: (1) 514-789-0884
Email: cs.mapps@L-3Com.com

2. Another copy is to be included with the shipment of the returned item to the attention of "REPAIR & OVERHAUL" at the address indicated below.
3. 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. D394
8565 Côte-de-Liesse
Montréal, 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 shipping address for return of the item
- **Simulator/System:** If applicable
- **L-3 MAPPS Contract No:** If applicable (for example, M1001)
- **Customer Reference No:**



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Section #2: Repair Type

Mark the appropriate box

- **Warranty**
- **Non-Warranty**
 - A Purchase Order will be required to process a non-warranty repair, please reference the Purchase Order number if available

Section #3: Assembly/Part Details

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

Section #4: Action Taken

Mark the applicable box

Section #5: Failure Details

- **Failure Description:** Provide a description of the failure with as much detail as possible
- **Cause (if known):** If known, identify the circumstances or operating conditions which are believed to have caused the failure
- **Reproduce Description:** If possible, describe the steps to be taken to reproduce the failure


Section #6: Submitted By

Provide contact information including an e-mail address and telephone number in case further clarification is required regarding the failure



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Sample of a Failure Report

 MAPPS		PLEASE PRINT OR TYPE SUBMIT SEPARATE REPORT FOR EACH PART		FAILURE REPORT		
CUSTOMER		DATE:		DAY	MONTH	YEAR
ADDRESS		#1		REPAIR TYPE:		
SIMULATOR/SYSTEM				<input type="checkbox"/> WARRANTY		#2
L-3 MAPPS CONTRACT NO.				<input type="checkbox"/> NON-WARRANTY		
CUSTOMER REF. NO.				PO#		
ASSEMBLY / PART DESCRIPTION			PART OF SYSTEM / SUBSYSTEM			
L-3 PART NO.			SERIAL NO.		REVISION LEVEL	
MANUFACTURER PART NO.			FAILURE DATE			
ACTION TAKEN:						
<input type="checkbox"/> SHIPPED TO L-3 MAPPS FOR REPAIR <input type="checkbox"/> NOT YET SHIPPED <input type="checkbox"/> If not yet shipped please specify planned shipdate:						
SHIPPING DETAILS (if available):						
SHIPPED VIA (CARRIER NAME):			TRACKING INFORMATION (AWS#):			
FAILURE DESCRIPTION (ATTACH SUPPORTING DOCUMENTS IF APPLICABLE)						
CAUSE (IF KNOWN)						
REPRODUCE DESCRIPTION (DETAILS ON HOW TO REPRODUCE THE FAILURE)						
SUBMITTED BY			TITLE			
TELEPHONE NO.			E-MAIL ADDRESS			
1 COPY - FAX/EMAIL/WEL TO:		1 COPY - ENCLOSE WITH FAILED ITEM & SHIP TO:		1 COPY - FILE		
L-3 COMMUNICATIONS MAPPS ATTN : R & O, DEPT. D394 3555 COTE DE LIESSE MONTRÉAL, QUEBEC H4T 1G5 CANADA. FAX (1) 514-739-0884 EMAIL: cs_mapps@L-3Com.com		L-3 COMMUNICATIONS MAPPS ATTN : R & O, DEPT. D394 3555 COTE DE LIESSE MONTRÉAL, QUEBEC H4T 1G5 CANADA.		TO BE RETAINED BY CUSTOMER		

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