

<b>REQUEST FOR DEVIATION/WAIVER (RFD/RFW)</b>				1. DATE (YYMMDD) 16/07/11		From Approved OMB No. 0704-0188																	
Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington DC 20503.																							
PLEASE <b>DO NOT</b> RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.																							
4. ORIGINATOR a. TYPED NAME (First, Middle Initial, Last)  L-3 Cincinnati Electronics				b. ADDRESS (Street no., City, State, Zip Code)  7500 Innovation Way Mason, Oh 45040		5. (X one) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DEVIATION</td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%;">WAIVER</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>6. (X one) MAJOR</td> <td></td> <td></td> <td>MINOR</td> </tr> <tr> <td></td> <td></td> <td></td> <td>CRITICAL</td> </tr> </table>		DEVIATION	<input checked="" type="checkbox"/>	WAIVER			<input checked="" type="checkbox"/>			6. (X one) MAJOR			MINOR				CRITICAL
DEVIATION	<input checked="" type="checkbox"/>	WAIVER																					
	<input checked="" type="checkbox"/>																						
6. (X one) MAJOR			MINOR																				
			CRITICAL																				
7. DESIGNATION FOR DEVIATION /WAIVER a. MODEL/TYPE OCU 1F67700-1 1F6770-501 1F67700-503				b. CAGE CODE 80045		c. SYS. DESIG.  																	
d. DEV/WAIVER NO. W4865-004A				8. BASELINE AFFECTED FUNCTIONAL <input type="checkbox"/> ALLO-CATED <input type="checkbox"/> PRODUCT		9. OTHER SYSTEM/CONFIGURATION ITEMS AFFECTED																	
10. TITLE OF DEVIATION/WAIVER Waiver to allow use of EMI Inductor (P/N 1F01008) Lot Date Code 1506 on OCU CMS Modules (P/N 1F67740-1 & 1F67740-501)																							
11. CONTRACT NUMBER AND LINE ITEM  4500030494, Line Items 46, 47, 48				12. PROCURING CONTRACTING OFFICER a. NAME (First, Middle Initial, Last) Shawn Manley b. CODE c. TELEPHONE NO 513-573-6194																			
13. CONFIGURATION ITEM NOMENCLATURE OCU CMS Module				14. CLASSIFICATION OF DEFECT a. CD NO. b. DEFECT NO. c. DEFECT CLASSIFICATION <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> CRITICAL																			
15. NAME OF LOWEST PART/ASSEMBLY AFFECTED OCU CMS Module				16. PART NO. OR TYPE DESIGNATION 1F67740-1 and 1F67740-501																			
17. EFFECTIVITY OCU CMS 1F67740-1 (SNs 0004 and above), 1F6740-501 (SNs 0001 and above)				18. RECURRING DEVIATION/WAIVER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																			
19. EFFECT ON COST/PRICE TBD				20. EFFECT ON DELIVERY SCHEDULE Replacement of EMI Inductors would require an additional 9 months to reorder and would significantly and negatively affect the delivery schedule for the OCU Flight Units.																			
21. EFFECT ON INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE TBD																							
22. DESCRIPTION OF DEVIATION/WAIVER Use "as is" for OCU CMS assemblies with EMI Inductor LDC 1506. Reference PMPCB Action Form # PFA-042B.																							
23. NEED FOR DEVIATION/WAIVER Lot Date Code 1506 failed QCI inspection per Table VI of 1F01008 drawing requirement. The failure occurred at Test sequence 12 (electrical Characteristics Measurements at -55, +25 and +125 C.																							

Pico 13960      Date 05-07-2005

Customer: 11

Customer: 1F01008

Date Code: 1506      ID: 1407

Serial	-55°C	25°C	50°C	100°C	110°C	120°C	125°C
	L1	(uH)	(uH)	(uH)	(uH)	(uH)	(uH)
190	269, ok	372, rej	360.0	280.0	240.0	205.0	192, rej
183	254, ok	492, ok	551.0	488.0	260.0	277.0	255, rej
192	263, ok	559, ok	570.0	458.0	385.0	318.0	307, rej
193	273, ok	552, ok	552.0	459.0	353.0	282.0	259, rej
194	267, ok	542, ok	640.0	544.0	409.0	308.0	293, rej
195	250, ok	497, ok	527.0	461.0	401.0	361.0	335, rej
min	125 uH	440 uH	No limit	No limit	No limit	No limit	440 uH
max	NA	675 uH	No limit	No limit	No limit	No limit	1500 uH

**24. CORRECTIVE ACTION TAKEN**

Conclusion of the failure analysis: The most probable cause can be attributed to a weakening in the bond between the two cores which was produced by all the qualification tests. Moving forward the following corrective actions will be performed.

**CORRECTIVE ACTION FOR FUTURE PROCUREMENT LOTS**

- a. Parts will be manufactured with additional epoxy or new epoxy
- b. The new lot (future procurement) will be fully tested/qualified
- c. From initial test results the use of additional epoxy has yielded good results

**25. SUBMITTING ACTIVITY****a. TYPED NAME (First, Middle Initial, Last)**

Carlos Barrera

**b. TITLE**

Quality Engineer

**c. SIGNATURE****26. APPROVAL/DISAPPROVAL****a. RECOMMEND**

APPROVAL

DISAPPROVAL

**b. APPROVAL**☐ APPROVED☐ DISAPPROVED**c. GOVERNMENT ACTIVITY****d. TYPED NAME (First, Middle Initial, Last)****e. SIGNATURE****f. DATE SIGNED  
(YYMMDD)****g. APPROVAL**☐ APPROVED☐ DISAPPROVED**h. GOVERNMENT ACTIVITY****i. TYPED NAME (First, Middle Initial, Last)****j. SIGNATURE****k. DATE SIGNED  
(YYMMDD)**