

APPENDIX E

INSTRUCTIONS
FOR

REPORTING SUSPECT COUNTERFEIT PARTS
USING

ALERT/SAFE-ALERT/PROBLEM ADVISORY
FORMS

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INSTRUCTIONS FOR REPORTING
SUSPECT COUNTERFEIT PARTS
USING ALERT/SAFE-ALERT/PROBLEM ADVISORY FORMS
(GIDEP Forms 97-1 and 97-2)

BLOCK NO.

INSTRUCTION

1. TITLE (Class, Function, Type, etc.)

Enter “**Suspect Counterfeit**,” then enter the class, function, type, etc., of the item, part, component, material, chemical, software, specification or process that is suspected as being counterfeit. You may use DLA Handbook H2/H6 for guidance or contact the GIDEP Operations Center for assistance.

2. DOCUMENT NUMBER

Leave Blank. The GIDEP Operations Center will enter the Alert/Safe-Alert/Problem Advisory number. The number is composed of your participant code (See Roster); a dash; the letter 'A' for Alert followed by a dash; the government fiscal year (October to September); a dash; and your next sequence number Example: E7-A-07-01

3. DATE

Leave Blank. The GIDEP Operations Center will enter the date that the report is prepared.

4. MANUFACTURER

Enter the name of the manufacturer whose product may have been counterfeited.

Note: This reporting convention is necessary to facilitate GIDEP database searches for suspect counterfeit products and is by no means intended to imply that the manufacturer identified in block 4 is involved with the suspect product. Most GIDEP participants use the data in block 4 to identify potential problem items on their parts lists or inventories.

5. PART NUMBER

Enter the part number as marked on the suspect counterfeit product.

6. NATIONAL STOCK NUMBER

Enter the National Stock Number(s) (NSN) if marked on the suspect counterfeit product.

7. SPECIFICATION

Enter the procurement specification number if marked on the product or packing material.

8. GOVERNMENT PART NUMBER

Enter the government part number(s) or government drawing number(s) described in Block 1.

9. LOT DATE CODE START

Enter the beginning lot date code as marked on the suspect counterfeit product. Serial numbers and lot numbers should be included in the Block 19 discussion, if applicable. The date format will normally be YYWW where Y is the year and W is the week.

10. LOT DATE CODE END

Enter the latest lot date code identified with the reported suspect counterfeit product.

11. MANUFACTURER'S POINT OF CONTACT (POC)

Enter "Not Applicable" unless permission granted to publish the point of contact (POC) at the company whose product was counterfeited

12. CAGE

Enter the manufacturer CAGE (Commercial and Government Entity) Code.

13. MANUFACTURER'S FAX

Enter "Not Applicable" unless permission granted to publish the POC information.

14. MANUFACTURER'S PHONE

Enter "Not Applicable" unless permission granted to publish the POC information.

15. MANUFACTURER'S E-MAIL

Enter "Not Applicable" unless permission granted to publish the POC information.

16. SUPPLIER

Enter the name of the primary supplier the suspect counterfeit part was purchased from.

17. SUPPLIER ADDRESS

Enter the primary supplier's address.

18. SUPPLIER CAGE

Enter the supplier CAGE (Commercial and Government Entity) Code.

19. PROBLEM DESCRIPTION/DISCUSSION/EFFECT

Provide only fact-based information. Describe as accurately and concisely, as possible, the types of item(s) involved, number of items manufactured or involved, number of items tested, number of items non-conforming or failed, failure mode exhibited and cause of failure based upon your failure analysis.

Provide any detailed information that may help GIDEP users determine if similar conditions may exist at the plant or activity. Attach any documentation including test reports, failure analysis, Scanning Electron Microscope (SEM) reports, field reports, photographs, etc.

Include the following paragraph -“*Note: The manufacturer identified in block 4 is the entity whose product may have been counterfeited. This reporting convention is necessary to facilitate GIDEP database searches for suspect counterfeit products and is by no means intended to imply that the manufacturer identified in block 4 is involved with the suspect product.*”

20. ACTION TAKEN/PLANNED

Describe actions your organization, the manufacturer whose product was counterfeited, or the supplier is taking, or plans to take, to resolve the problem and prevent recurrence of the non-conformance, defect, or problem. Do not make recommendations for actions that GIDEP participants should take regarding the issue. Details of legal actions are not recommended.

21. DATE SUPPLIER NOTIFIED

Enter the date of your letter of notification to the **supplier**. The date entered shall correspond to the latest copy of the notification provided to the Operations Center with the report.

22. SUPPLIER RESPONSE

Check the appropriate block. You must attach all of the supplier's response (without modification or abridgement) if the block - REPLY ATTACHED is marked (even if it disagrees with your findings).

23. ORIGINATOR POINT OF CONTACT

Enter the name of the person from the organization originating the report that GIDEP users may contact for additional information. Also, enter the name of the organization and address.

24. GIDEP REPRESENTATIVE

Enter the name of the GIDEP Representative.

25. SIGNATURE

Sign the appropriate form prior to forwarding to GIDEP. If the report is being submitted electronically, the submitter's authenticity will be verified by the Operations Center. The signature must match the name in block 24 and the registered GIDEP Representative in the Roster of Representatives.

26. DATE

Enter the date when the report is signed or, if electronically submitted, the date transmitted to GIDEP.

Suspect Counterfeit Reporting Guidance

(See Appendix E for complete instructions)

GOVERNMENT - INDUSTRY DATA EXCHANGE PROGRAM		
ALERT		
1. TITLE	2. DOCUMENT NUMBER	3. DATE (DD)
4. MANUFACTURER AND ADDRESS	5. MFR. PART NUMBER	6. ORIGINAL STOCK NUMBER
	7. SPECIFICATION	
	9. LOT DATE CODE START	
11. MANUFACTURER'S POINT OF CONTACT	12. CASE NUMBER	
14. MFR. POC PHONE ()	15. MANUFACTURER'S E-MAIL	
16. SUPPLIER	17. SUPPLIER ADDRESS	18. SUPPLIER CAGE
19. PROBLEM DESCRIPTION / DISCUSSION / EFFECT		
20. ACTION TAKEN/PLANNED		
21. DATE MFR. NOTIFIED/ SUPPLIER NOTIFIED	22. MFR./SUPPLIER RESPONSE <input type="checkbox"/> REPLY ATTACHED <input type="checkbox"/> NO REPLY	23. ORIGINATOR
24. DATE OF REPORT		25. SIGNATURE

Insert "Suspect Counterfeit, "

Put the part identifier, as marked on the product, in the 'Part Number' block.

Put the name of the the manufacturer whose product may have been counterfeited.
(To facilitate BOM search... not intended to impugn the impacted manufacturer.)

Blocks 11, 13-15 if permission granted put mfr info; otherwise, "Not Applicable"

Put the supplier information in blocks 16-18.

Include the following paragraph ...
"The manufacturer identified in block 4 is the entity whose product may have been counterfeited. This reporting convention is necessary to facilitate GIDEP database searches for suspect counterfeit products and is by no means intended to imply that the manufacturer identified in block 4 is involved with the suspect product."

Submit draft copies of documents for comment to:

- Companing supplying suspect product (required)
- Impacted manufacturer (recommended)

After 15 working days, attach signed form, all responses, supporting documentation, and supplier notification letter to GIDEP

Insert the date the supplier was notified.