



US Department of Transportation
Federal Aviation Administration

ODA PRODUCTION LIMITATION RECORD (PLR) REPORT

OMB Control Number 2120-0704
Expiration Date 09/30/2008

Paperwork Reduction Act Statement: This collection of information is to document FAA determinations of compliance and airworthiness. The FAA uses the information to oversee the work performed by the organization. The burden associated with using this form is 2 hours. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number associated with this form is 2120-0704. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, AES-200.

A. PRODUCTION APPROVAL HOLDER'S NAME:

B. FACILITY LOCATION(S):

C. ODA NUMBER:

D. TC OR STC NUMBER TO BE ADDED TO PLR:

E. PC NUMBER:

F. AIRCRAFT MODEL NUMBER TO BE ADDED TO PLR:

G. AUDIT DATES:

H. QUALITY CONTROL DATA - TITLE, REVISION, FAA APPROVAL DATE:

I. LIST OF ODA UNIT MEMBERS PERFORMING PLR AUDIT

ODA UNIT MEMBER NAMES

AUTHORIZED FUNCTIONS

J. ODA PLR AUDIT RESULTS

SYSTEM ELEMENT	OBSERVATION NUMBER	LIST QC AREAS AUDITED	CORRECTIVE & REMEDIAL ACTIONS COMPLETE
1. Organization & Responsibility			
2. Design Data Control			
3. Software Quality Assurance			
4. Manufacturing Processes			
5. Special Manufacturing Processes			
6. Statistical Quality Control			

7. Tool & Gauge Control			
8. Testing			
9. Nondestructive Inspection			
10. Supplier Control & Receiving Inspection			
11. Nonconforming Material			
12. Material Handling & Storage			
13. Airworthiness Determination			
14. Global Production			
15. Other			

CORRECTIVE AND REMEDIAL ACTIONS FOLLOWUP: I CERTIFY THAT THE ODA UNIT VERIFIED THE PC HOLDER COMPLETED CORRECTIVE AND REMEDAL ACTIONS, AND CONSIDERS THESE ACTIONS ACCEPTABLE.

ODA ADMINISTRATOR SIGNATURE

DATE:

K. ODA PLR REPORT EXECUTIVE SUMMARY

FACILITY:

PC NUMBER:

DATE OF EVALUATION:

ODA NUMBER:

SUMMARIZE EACH FINDING AND OBSERVATION AND REFERENCE THE SYSTEM EVALUATION RECORD NUMBER.

(Attach sheets as necessary)

PLR REPORT: I CERTIFY THAT ALL FINDINGS AND OBSERVATIONS IN THIS REPORT HAVE BEEN RECORDED AND THE PC HOLDER NOTIFIED OF THESE RESULTS. THE PC HOLDER UNDERSTANDS THAT THEY MUST SUBMIT A WRITTEN RESPONSE TO THE ODA UNIT. I WILL SEND A COPY OF THIS REPORT TO THE MIDO/CMO.

ODA ADMINISTRATOR SIGNATURE

DATE: