**NO FAULT FOUND (NFF) / CAN NOT VERIFY (CNV) FORM**

* In accordance with quality requirement **FA\_CNV** listed on the Purchase Order, the Seller/Supplier shall complete Section 1 of this form and submit it electronically.

*NOTE: If more than one item is found to be NFF/CNV on a repair purchase order, use 1 form per item.*

* **LM RMS Supplier Quality Representative (SQR) shall** complete Section 2 and return to the supplier per RMS **NFF/CNV Guidance QA-G-516**.
* After the supplier receives this form with Section 2 Signed, Dated and Approved:
	+ **The supplier shall** attach a label identifying the returned asset as NFF/CNV.
	+ **Supplier shall attach test data and the approved form to the packing list and return** to the address designated on the PO.

*NOTE: If the Disapproval of NFF/CNV Request box is checked, contact the LM RMS SQR for further instructions.*

 **Example Label:**

**NFF/CNV**

**Section 1 – Supplier:** DATE:

SUPPLIER NAME: Completed By:

PART NOMENCLATURE: PURCHASE ORDER NO:

PART NUMBER: RMA/CSO NO:

SERIAL NUMBER: Part Number Revision:

[ ]  No Fault Found (NFF)/Can Not Verify (CNV) Reported Defect

 Description of Tests Performed:

 Test Method:

 Test Results:

 Any Additional Service Updates and/or Work Performed? : [ ]  Yes [ ]  No

If yes, describe:

 **Section 2 – LM RMS:**

LM RMS SQR Name/Signature: Date:

[ ]  Approval of CNV Request [ ]  Disapproval of CNV Request

**\*\*\*\*Copy of completed form to stay with unit until LM Verfication Test(s) Complete\*\*\*\***

**CHANGE HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Revision** | **Change Date** | **Page** | **Summary of Changes** |
| 1.0 | 8/20/2025 | All | Initial Release. |
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