

Special Process Survey Report					
Processor		Phone #	Fax #	Survey #	
Street		City	State	Zip	
Date of Survey	Performed By		Division		
Key Supplier Personnel					
Name:			Title:		
Name:			Title:		
Name:			Title:		
Process	Specification	Rev.	Implementating Procedure	Comments	Appr. Status
Supplier Representative		Date	Lockheed Martin Surveyor		Date
(Acknowledgment of Debriefing)					
CORRECTIVE ACTION & FOLLOW-UP & CLOSURE					
Lockheed Martin Rep		Date			