

**ENGINEERING COMPLAINTS FOR
GENERAL TRADE PRODUCTS
ORIGINATING AND PROCESSING**

1. GENERAL

1.001 This addendum supplements Section 010-700-011, Issue 2. Place this pink sheet ahead of Page 1 of the section.

1.002 This addendum is issued for the following reasons:

- (a) To add information on General Trade Products (GTPs) which are not purchased under Bell System Purchased Products Division (BSPPD) contracts or have not been evaluated by BSPPD as "suitable" or "conditionally suitable."
- (b) To show a sample (for convenience only) of the latest current Form E-5141 with instructions for completing this Engineering Complaint Form.

2. CHANGES TO SECTION

2.001 On Page 2, after the first sentence in paragraph 1.03 add the following:

Complaints on these unevaluated GTPs or other GTPs purchased directly by an Operating Telephone Company (OTC), and in this case, PNB, must be resolved by the concerned OTC (PNB) instead of through AT&T-BSPPD.

2.002 On Page 3, after paragraph 3.06 add the following note:

Note: Exhibit 1A and Exhibit 1B in this addendum show the latest current Form E-5141. When this form is used, the originator should complete blocks 1 through 10 or 11c, dependent upon whom the person is who is filling out the form, and in accordance with the instructions contained on the reverse side of the form (Exhibit 1B).

NOTICE

Not for use or disclosure outside the
Bell System except under written agreement.

ENGINEERING COMPLAINT
(SEE REVERSE SIDE FOR INSTRUCTIONS)

| | | | | | |
|---|---|--|-----------|--------------------|---|
| | | | EC NO. | | |
| 1. PRODUCT IDENTITY | 1a. CRT, ISO, T, ETC. - SHOW COMPLETE NUMBER & NAME! | ISSUE | FIGURE | OPTIONS | 2. DOES EC REPORT A FIRE OR SAFETY HAZARD? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | 1b. EQUIP. (J. ED. - SHOW COMPLETE NUMBER & NAME) | LIST | GROUP | | 3. SYSTEM (ESS 1, LMS-2, B12 PBR, ETC.) |
| | 1c. SPECIFICATION (S.S. AT - SHOW COMPLETE NUMBER & NAME) | LIST | | | 4. WHERE WAS PRODUCT WHEN IT FAILED (C.O. NAME, PBR LOCATION, ETC.) |
| | 1d. SOFTWARE DOCUMENT (PG, PD, PF - SHOW COMPLETE NUMBER & NAME) | | ISSUE | | 5. MANUFACTURER: <input type="checkbox"/> WE <input type="checkbox"/> OTHER SPECIFY OTHER |
| | 1e. APPARATUS CODE (TEL. SET, DATA SET, ETC. - SHOW NUMBER & NAME) | | DATE CODE | | 6a. HOW MANY DEFECTIVE UNITS DOES THIS EC COVER? |
| | 1f. COMPONENT APPARATUS (USED ON EQUIP OR OTHER APP - SHOW NUMBER & NAME) | | DATE CODE | | 6b. HOW MANY SIMILAR UNITS ARE IN SERVICE AT SAME LOCATION? |
| | 1g. OTHER (DESCRIBE FULLY) | | | | 7. <input type="checkbox"/> REV <input type="checkbox"/> CLASS C |
| | 8. STATEMENT OF PROBLEM (DETAILED DESCRIPTION OF TROUBLE, INCLUDING EVENTS PRECEDING FAILURE, ACTION TAKEN DURING TROUBLESHOOTING, TEST FAILED, ETC.) | | | | |
| <input type="checkbox"/> ADDITIONAL MATERIAL ATTACHED | | | | | |
| 9. WAS CONDITION CORRECTED LOCALLY? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, DESCRIBE BRIEFLY, ATTACH EXPLANATION) | | | | | |
| <input type="checkbox"/> ADDITIONAL MATERIAL ATTACHED | | | | | |
| 10. PROBLEM ORIGINALLY REPORTED BY: | | 11a. REVIEWED AND APPROVED BY: | | 11b. TELEPHONE NO. | 11c. DATE |
| PLANT, CUSTOMER SERVICES OR RETIRED SERVICES STAFF | 12. HAS THE ABOVE INFORMATION BEEN VERIFIED THAT IT IS COMPLETE AND ACCURATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | 15. COMMENTS OR RECOMMENDATIONS | | | |
| | 13. HAS THIS PROBLEM PREVIOUSLY BEEN REPORTED AND CORRECTED IN AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| | 14a. DO OTHER LOCATIONS IN YOUR AREA APPEAR TO HAVE SAME PROBLEM? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAS UNABLE TO DETERMINE | | | | |
| | 14b. IF YES, LIST LOCATIONS AND QUANTITY DEFECTIVE AT EACH LOCATION | | | | |
| <input type="checkbox"/> ADDITIONAL MATERIAL ATTACHED | | | | | |
| 16a. REVIEWED AND APPROVED: | | 16b. DATE | | | |
| 17. OTC REQ. NO. | 18. WE ORDER NO. | 26. COMMENTS OR RECOMMENDATIONS - IF POSSIBLE, DESCRIBE SERIOUSNESS OF PROBLEM, E.G., CAUSES WIDESPREAD CUSTOMER REACTION, LOSS OF REVENUE, ETC. | | | |
| 19. TOTAL NUMBER OF UNITS FURNISHED ON ABOVE ORDER | 20. HOW LONG HAS EQUIP. OR APP. BEEN IN SERVICE? | | | | |
| 21a. DO OTHER LOCATIONS IN YOUR AREA APPEAR TO HAVE SAME PROBLEM? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAS UNABLE TO DETERMINE | | | | | |
| 21b. IF YES, LIST LOCATIONS AND QUANTITY DEFECTIVE AT EACH LOCATION | | | | | |
| <input type="checkbox"/> ADDITIONAL MATERIAL ATTACHED | | | | | |
| 22. ACTION DESIRED ON DEFECTIVE PRODUCT <input type="checkbox"/> CREDIT <input type="checkbox"/> REPAIR | | 27a. AREA CONTACT | | | 27b. TEL. NO. |
| RETURN MATERIAL DOCUMENT NO. DATE | | | | | |
| 23. SAMPLES <input type="checkbox"/> NONE AVAILABLE <input type="checkbox"/> BEING HOLD BY: AT: | | | | | |
| 24. DISPOSITION DESIRED ON SAMPLES <input type="checkbox"/> JUNE <input type="checkbox"/> REPAIR & RETURN | | | | | |
| 25. THIS APPEARS TO BE SIMILAR TO EC NO. | | 28a. REVIEWED & APPROVED BY: (TYPE OR PRINT NAME) | | 28b. DATE | |
| <input type="checkbox"/> ADDITIONAL MATERIAL ATTACHED | | | | | |

E 5141 (1-78)

INSTRUCTIONS FOR COMPLETING
ENGINEERING COMPLAINT FORM

(Type or Print Legibly)

The following instructions for completing the "ORIGINATOR" portion of the engineering complaint (EC) form on the reverse side cover only those items which are felt may need further explanation. BSP Section 010-700-010 contains the complete instructions for submitting complaints. An attempt should be made to furnish all information.

1. This EC should cover only one type of defective product although any number of items of the same type may be included in the complaint. The complete correct name (or approved abbreviation) and product number should be supplied.
- 1E. This entry should be used for code of apparatus such as telephone sets, data sets or other units designated as apparatus. Also, loose component parts such as capacitors, resistors, transistors, etc., not used as a part of any specific apparatus should be listed here. Copy Date Code just as it is stamped on item.
- 1F. This entry refers to apparatus that is used on equipment or other apparatus. When this entry is used, an entry should be made in either 1B, 1C or 1E, to show where the apparatus was being used. Copy Date Code just as it is stamped on item.
2. Check the appropriate box whether or not EC is reporting fire or safety hazard condition. (If hazard is being reported, notify supervisor immediately; condition should then be corrected to prevent accidents or disruption of service.)
3. Enter the system which broadly categorizes where the product under complaint was being used when it failed, e.g., announcement systems, PBX-770, data sets, crossbar No. 5, T-carrier, 806 power plant, station coin telephone set, etc.
4. Give the name and address of central office or other location where the defect occurred.
5. Make the appropriate entry. If manufacturer is other than WE, specify the name of the manufacturer, if known.
- 6A. Enter here only the number of units that are defective.
- 6B. Show here the number of similar units that are in service at the location where the defect occurred.
8. In this space enter a concise, accurate and complete description of the difficulty. Attempt to anticipate all the questions that may be asked by anyone reviewing the complaint. Accuracy and completeness are more important than brevity. If necessary, the description may be continued on additional pages (not Form E-5141). Additional pages or attachments should be stapled to this form.

Include description of any hazardous or service reaction events preceding failure, actions taken during troubleshooting, complete description of failed tests, or anything else that may help the investigator understand and resolve the problem. Attach explanatory sketches, drawings or photographs if they are available.
 - For product of outside manufacturer purchased through WE, furnish complete name-plate data and WE inspection number if available.
 - For storage batteries, furnish service history of individual cell voltage and specific gravity readings for entire string.
 - For product that contains serial number, include that number.
 - For cable, furnish WE reel and requisition number. Where field repairs have been made, furnish a breakdown of all costs incurred in the repair operation.
 - For teletypewriter apparatus, completely identify all parts and units involved; give BSP Section, TTY Bulletin or "S" specifications involved.
 - For electron tubes, show circuit application; give a reasonable estimate of service life and show serial number if there is one. If there is no serial number, list them numerically and tag each tube with corresponding number.
9. If condition was corrected locally, briefly describe the technique used. Attach explanatory sketches, marked drawings or photographs if they are available.
10. This entry should contain the name of the individual who actually discovered the problem being reported.
11. The form should be reviewed and approved in accordance with established OTC procedures.

NOTE: Instructions for completing the Staff and Engineering portion of this form can be found in BSP Section 010-700-010.