



(FAR) ACTION REQUEST

FAR# _____ Date _____

Failure Analysis Request

Customer Ref#(SCAR) _____

<p>Customer: _____ Address: _____ City/State/Zip: _____ Phone#: _____ Fax#: _____ E-Mail: _____ Contact Name: _____</p>	<p>Sales: _____ Address: _____ City/State/Zip: _____ Phone#: _____ Fax#: _____ E-Mail: _____ Contact Name: _____</p>	<p>Distributor: _____ Address: _____ City/State/Zip: _____ Phone#: _____ Fax#: _____ E-Mail: _____ Contact Name: _____</p>																															
<p>Product Information: *Please supply a copy of the shipper if available. Intersil Part# _____ Customer Part# _____ Qty Purchased: _____ PO#: _____ Qty Failed: _____ SO#: _____ Sample Qty Returned: _____ Lot#: _____ Date Code/Bottom Code(s): _____ Package/Lead Count: _____</p>																																	
<p>Please place an "X" next to the appropriate failure category and give specific details about the failure in the Problem Description area.</p>																																	
<p>Administrative Problem: Ship Quantity: _____ Mixed Product: _____ Other: _____ Packaging: _____ Wrong Product: _____ Labeling: _____ Insufficient Test: _____ Shipping Damage: _____ Brand Error(Incorrect/Typo) _____ **Include all information about brand under the problem description.</p> <p>Visual/Mechanical Failure: Where was failure detected: Incoming ___ Board ___ or Field ___ Package Dimensions: _____ Hermeticity: _____ Internal Die/Assembly Visual: _____ PIND: _____ External Package Visual: _____ Bent Leads: _____ Solderability/Lead Finish: _____ Other: _____ Brand(Adherence): _____ Tape & Reel (Loose tape, peel strength, orientation): _____ ***Include tape sealing information off the reel: _____</p>	<p>Electrical Failure: **Please remove conformal coating**</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Qty Tested</td> <td style="width:10%;">Qty</td> <td style="width:10%;">Not Performed</td> <td style="width:50%;"></td> </tr> <tr> <td>Incoming</td> <td>_____</td> <td>_____</td> <td>Tester Mfg _____</td> </tr> <tr> <td>Board</td> <td>_____</td> <td>_____</td> <td>Test Temp _____ °C</td> </tr> <tr> <td>System</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>Field</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>Failure Mode: AC ___ DC ___ Non-Functional</td> <td colspan="3"></td> </tr> <tr> <td>Hours of operation before failure</td> <td>_____</td> <td>Estimated failure rate</td> <td>_____ %</td> </tr> <tr> <td>Do other date codes work?</td> <td>yes ___ no ___</td> <td>If yes, list D/C's:</td> <td>_____</td> </tr> </table> <p>Describe failure with reference to supply voltages. Attach an additional sheet or schematics if necessary: _____ PROM: Please supply master unit or disk (Data I/O format) with pattern. _____</p>	Qty Tested	Qty	Not Performed		Incoming	_____	_____	Tester Mfg _____	Board	_____	_____	Test Temp _____ °C	System	_____	_____		Field	_____	_____		Failure Mode: AC ___ DC ___ Non-Functional				Hours of operation before failure	_____	Estimated failure rate	_____ %	Do other date codes work?	yes ___ no ___	If yes, list D/C's:	_____
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Do other date codes work?	yes ___ no ___	If yes, list D/C's:	_____																														
<p>Problem Description: Please describe the failure in detail and list all processing that occurred prior to the failure (attach additional paper as needed): _____</p>																																	
<p>Intersil Internal Use:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Mask</td> <td style="width:15%;">Pkg</td> <td style="width:15%;">PE</td> <td style="width:15%;">D/C</td> <td style="width:15%;">B/S</td> <td style="width:15%;">D/C</td> <td style="width:15%;">B/S</td> </tr> <tr> <td>Fab</td> <td>Assy</td> <td>Test</td> <td>D/C</td> <td>B/S</td> <td>D/C</td> <td>B/S</td> </tr> <tr> <td>T&R Seal Date</td> <td>Probe</td> <td></td> <td>D/C</td> <td>B/S</td> <td>D/C</td> <td>B/S</td> </tr> </table> <p>Technical Contact: _____ Phone Number: _____</p>			Mask	Pkg	PE	D/C	B/S	D/C	B/S	Fab	Assy	Test	D/C	B/S	D/C	B/S	T&R Seal Date	Probe		D/C	B/S	D/C	B/S										
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***If you need assistance completing this form please call 321/724-7400 or e-mail creturn@intersil.com or fax 321/724-7658 Rev#: 6 Jun05