

From: Rodriguez, Eduardo P
Sent: Monday, April 24, 2006 11:19 AM
To: 'raymond.degiorgio [REDACTED]'
Cc: Coniff, John B; Gonzalez, Juan C (DMS); Chavez, Jesus; Lin, George J
Subject: Delta Torque/Angle data & GM 3660

Attachments: 06143 OFF-START.pdf; 06143 START-OFF1.pdf; 05395 data off to start.pdf; 05395 data start to off1.pdf; 05395 report1.pdf; GM 3660 For New PCB & Spring-Plunger.doc

Ray:

Attach you will find the Torque/Angle (T/A) information for the timing corrections on Delta PCB.

All the full validation of 3xlife durability test was perform in Lab # C005-177 already provided to you last year.

Information of Lab # 06-143 are with the correction of timings in PCB as requested.



06143

OFF-START.pdf (19 KB)



06143

START-OFF1.pdf (17 KB)

This is the original file done with last year test, you can see Production information vs New PCB without correction in traces Lab # 05-395.



05395 data off to start.pdf (1.1 MB)



05395 data start to off1.pdf (...)



05395 report1.pdf (2 MB)

This is the GM 3660, review the information and let me know if you have comments or question to proceed with the approvals and proceed with the Eng. Change. I would like to set a meeting today or tomorrow if you consider it necessary for comments or questions.



GM 3660 For New
PCB & Spring-P...

Thanks for your time and help on this

Eduardo Rodríguez Pequeño
Present Product Engineer
Delphi Mechatronic Systems

[REDACTED]

PRODUCT: GM Delta Ignition Switch					SPECIFICATION: Delta Circuit Timing Mechanization Drawing (DeGiorgio 4-12-2001)					LAB NUMBER: 05-395				
PART NUMBER: 12420250					REVIEWED BY: T. Svoboda					PAGE OF				
TECHNICIAN: Blon										ACC = Accessory Switch Position (Detented)				
MEASURED PARAMETER: Actuation Torque and Displacement at Room Temp					OFF = Off Switch Position (Physical Stop)					Run = Run Switch Position (Detented)				
										START = Start Switch Position (Momentary)				
TEST PHASE / DATE: Initial Room Temp Function Check (Torque-Angle Measurement at RT) / 11-2-2005														
TEST EQUIPMENT RECORD (IDENTIFICATION NUMBER AND CALIBRATION DUE DATE):														
Torque-Angle Station: S-3631, Cal Due 8-14-2006														
Test Sample	Actuation Torque OFF-ACC (N-cm)	Elect. Make Pt Displacement ACC Ckt OFF-ACC (Deg)	Detent Point Displacement OFF-ACC (Deg)	Elect. Break Pt Displacement Key-In Ckt OFF-ACC (Deg)	Actuation Torque ACC-RUN (N-cm)	Elect. Make Pt Displacement RUN-CRANK ACC-RUN (Deg)	Elect. Make Pt Displacement KEY-RUN-CRANK ACC-RUN (Deg)	Elect. Make Pt Displacement Delta RUN-CRANK KEY-RUN-CRANK (Deg)	Detent Point Displacement ACC-RUN (Deg)	Actuation Torque RUN-START (N-cm)	Elect. Break Pt Displacement ACC Ckt RUN-START (Deg)	Transition Point Displ - KRC Goes Relative RUN-START (Deg)	Break/Transition Pt Displacement Difference ACC to KRC Relative (Deg)	Max Displ: RUN (Deg)
3119	2	32	46	39	13	66	63	4	72	33	98	95	-3	1
3118	2	31	46	38	15	65	61	4	72	34	97	94	-3	1
3088	2	32	47	39	15	66	63	3	72	34	97	95	-3	1
3099	2	32	46	39	13	65	63	3	72	33	97	96	0	1
3089	2	31	46	39	14	65	62	3	72	34	96	95	-1	1
DATA FROM THE LAST TIME DELTA SWITCHES WERE TESTED (9-2-2005)														
4230486	2	31	46	39	9	65	60	5	72	36	97	94	-3	1
4230483	2	31	46	38	9	65	60	5	72	36	97	94	-3	1
MAX	2	32	47	39	15	66	63	4	72	34	98	96	0	1
MIN	2	31	46	38	13	65	61	3	72	33	96	94	-3	1
AVG	2	32	46	39	14	65	62	3	72	34	97	95	-3	1
SIGMA	0	0	0	0	2	0	1	1	0	1	0	1	1	
SPEC REQ	25 N-cm 15 N-cm	32 Deg 27 Deg	47 Deg +/- TBD	40 Deg 34 Deg	25 N-cm 15 N-cm	67 Deg 61 Deg	61 Deg 55 Deg	10 Deg 2 Deg	72 Deg +/- TBD	65 N-cm 55 N-cm	99 Deg 93 Deg	95 Deg 82 deg	2 Deg Minimum	11: 4:

Delphi Mechatronic Systems 3110 Woodcreek Drive Downers Grove, IL 60515

PRODUCT: GM Delta Ignition Switch						LAB NUMBER: 05-395							
PART NUMBER: 12450250						SPECIFICATION: Delta Circuit Timing Mechanization Drawing (DeGiorgio 4-12-2001)						PAGE	
TECHNICIAN: Blau						REVISED BY: T. Sreboda						OF	
MEASURED PARAMETER: Actuation Torque and Displacement at Room Temp						OFF = Off Switch Position (Physical Stop)						ACC = Accessory Switch Position (Detented)	
						Run = Run Switch Position (Detented)						START = Start Switch Position (Momentary)	
TEST PHASE / DATE: Initial Room Temp Function Check (Torque-Angle Measurement at RT) / 11-2-2005													
TEST EQUIPMENT RECORD (IDENTIFICATION NUMBER AND CALIBRATION DUE DATE):						Torque-Angle Station: S-3611, Cal Due 3-14-2006							
Test Sample	Minimum Return Torque START-RUN (N-cm)	Transition Point Displ - KRC Goes Non-Resistive START-RUN (Deg)	Make/Transition Pt Displacement Difference ACC to KRC Non-Resistive (Deg)	Elect. Make Pt Displacement ACC Ckt START-RUN (Deg)	Detent Point Displacement START-RUN (Deg)	Actuation Torque RUN-ACC (N-cm)	Elect. Break Pt Displacement RUN-CRANK Ckt RUN-ACC (Deg)	Elect. Break Pt Displacement KEY-RUN-CRANK RUN-ACC (Deg)	Elect. Break Pt Displacement Delta RUN-CRANK KEY-RUN-CRANK (Deg)	Detent Point Displacement RUN-ACC (Deg)	Elect. Make Pt Displacement Key-In Ckt ACC-OFF (Deg)	Actuation Torque ACC-OFF (N-cm)	Elect. Break Pt Displacement ACC ACC-OFF (Deg)
3119	18	94	-3	97	73	13	64	61	3	52	38	13	31
3118	18	95	-2	96	74	14	64	61	3	51	37	14	31
3088	19	96	-1	97	74	13	64	62	2	52	38	13	32
3099	19	96	-1	96	74	13	64	62	1	52	38	13	31
3089	19	94	-1	96	73	13	63	62	1	51	37	13	31
DATA FROM THE LAST TIME DELTA SWITCHES WERE TESTED (9-2-2005)													
4230486	20	93	-3	96	74	8	64	59	4	51	37	9	31
4230483	20	93	-3	96	73	9	64	59	4	50	37	9	30
MAX	19	96	-1	97	74	14	64	62	3	52	38	14	32
MIN	18	94	-3	96	73	13	63	61	1	51	37	13	31
AVG	18	95	-1	96	74	13	64	62	2	52	38	13	31
SIGMA	0	1	1	0	0	0	0	1	1	0	0	0	0
SPEC REQ	15 N-cm Minimum	25 Deg 82 Deg	2 Deg Minimum	22 Deg 93 Deg	72 Deg +/- TBD	25 N-cm 15 N-cm	97 Deg 61 Deg	61 Deg 55 Deg	10 Deg 2 Deg	47 Deg +/- TBD	40 Deg 34 Deg	15 N-cm 25 N-cm	33 Deg 27 Deg

Test Report

Page 1 of 6

Lab Number :	05-395	Customer :	GM	Date In :	10-27-2005
PTS Number :	972251	Part Name :	Delta Ign Sw	Date Out :	11-2-2005
Work Request :	051777	Part Number :	10392423	Requested By :	A. Alcalá
Type of Test :	ED	Assigned To :	BIAN	Customer Specialist :	SVOBODA
Objectives :	ED				

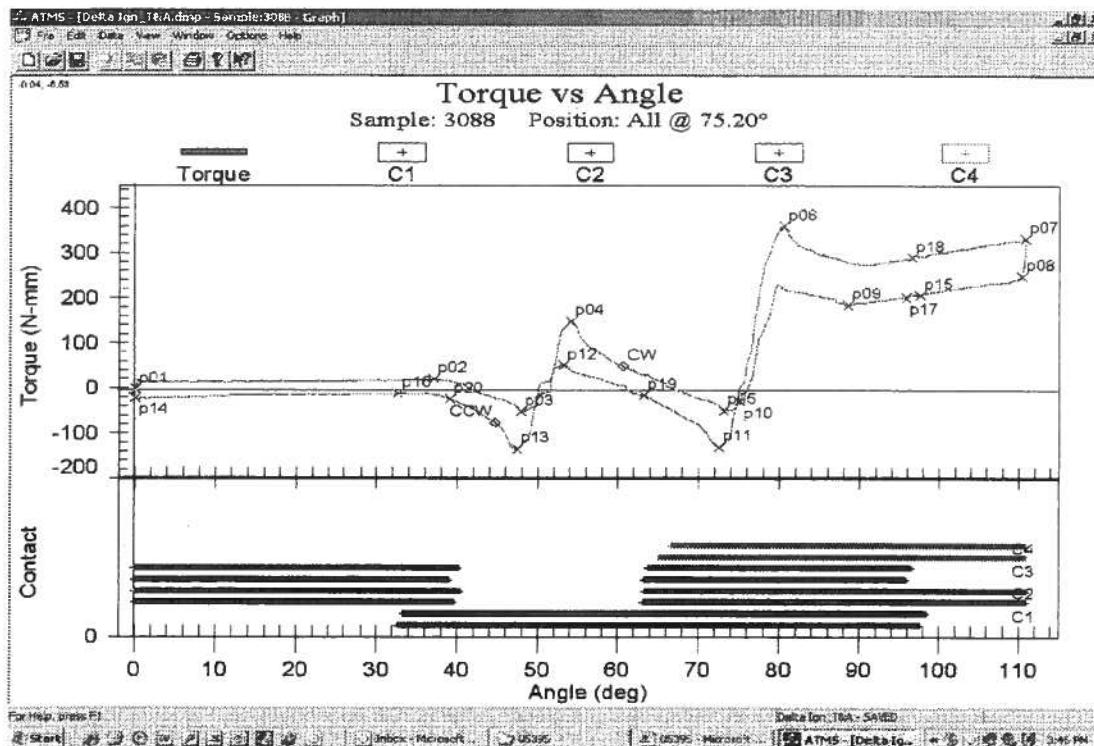
Issued By : T. SVOBODA Reviewed By : L. WEGNER

Distribution: Full Copy : A. Alcalá, J. Coniff
Top Sheet : G. Lin

Specifications: EWR 051777

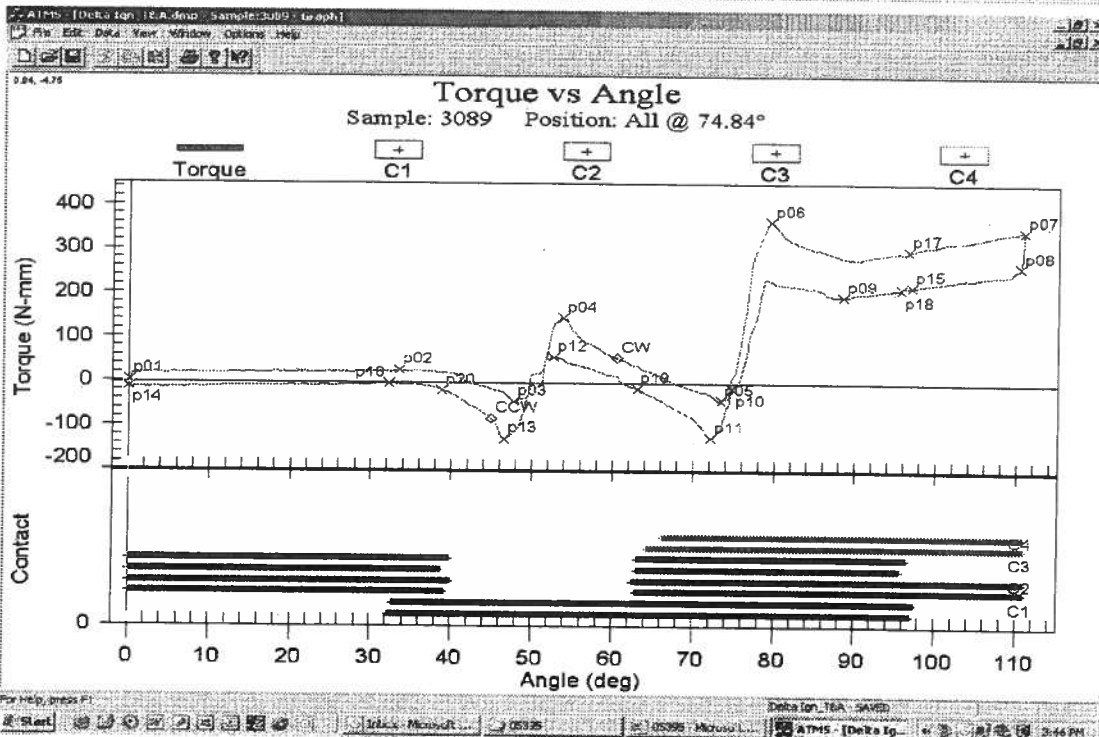
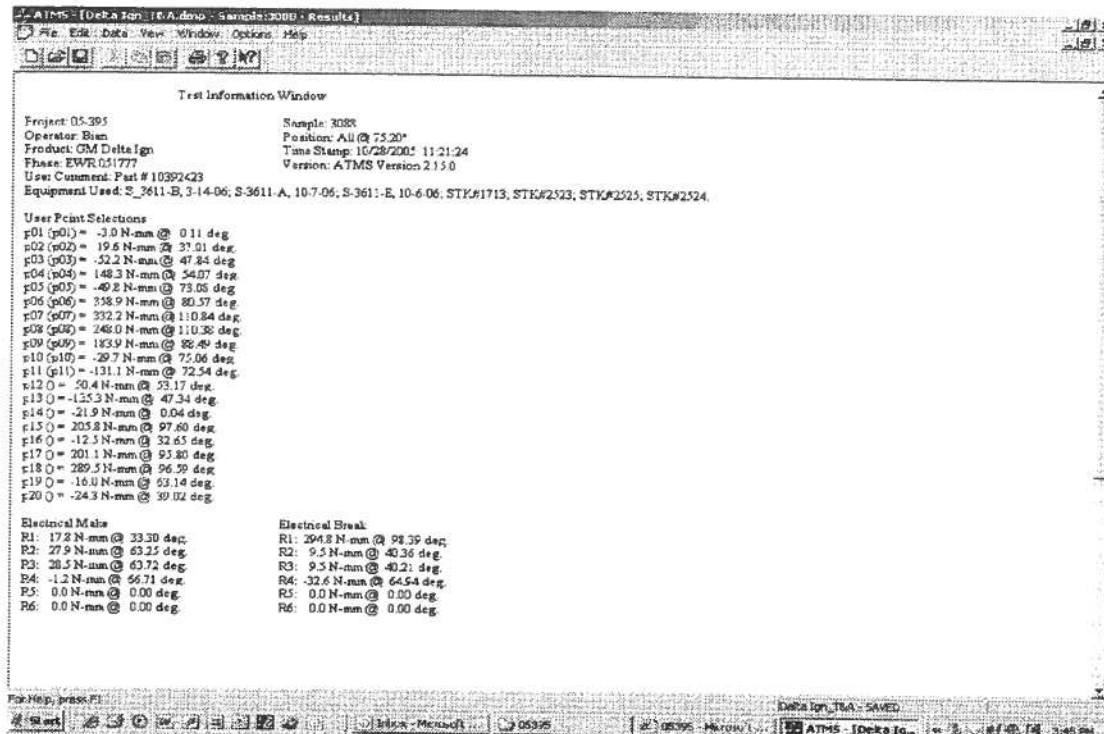
Test Results:

Five samples of GM Delta Ignition Switch were submitted for the performance of room temperature torque-angle measurements. These samples contain new PCBs with relocated vias and widened traces from the production PCB supplier. In addition, the detent spring plunger was replaced with the one for the Catera Ignition Switch. The measurements were performed, and the data and graphs were sent to the requesting engineer electronically. The samples were returned to the requesting engineer.



DELPHI

Mechatronic Systems - Test Laboratories

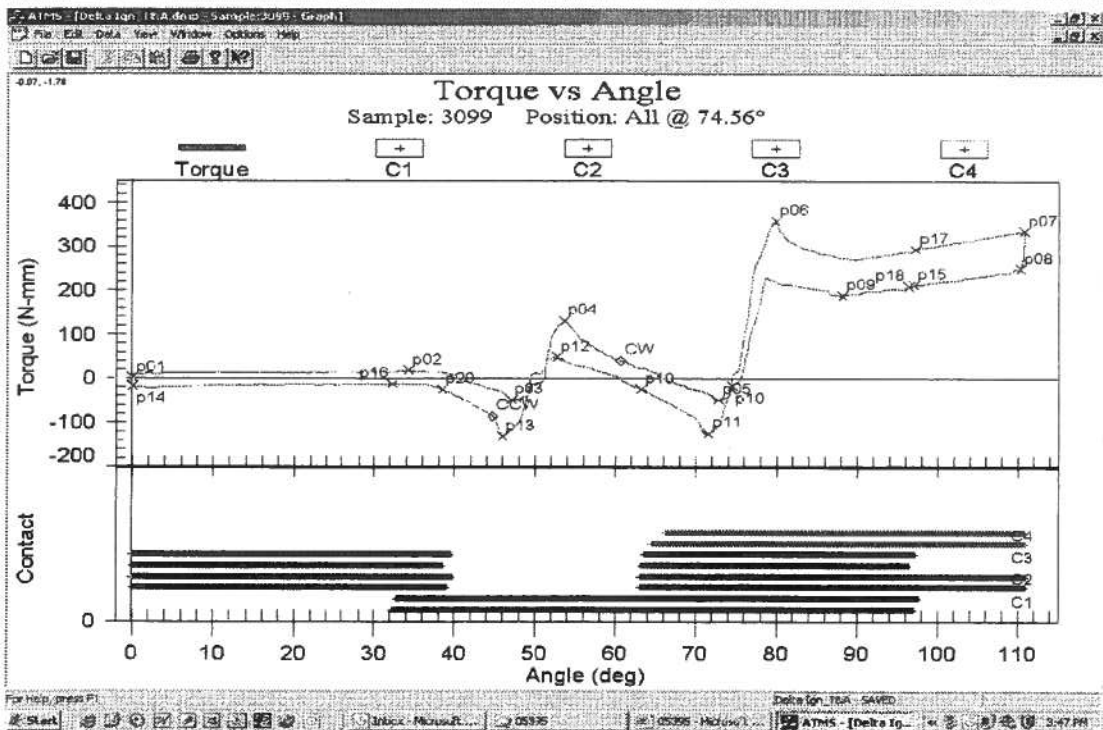
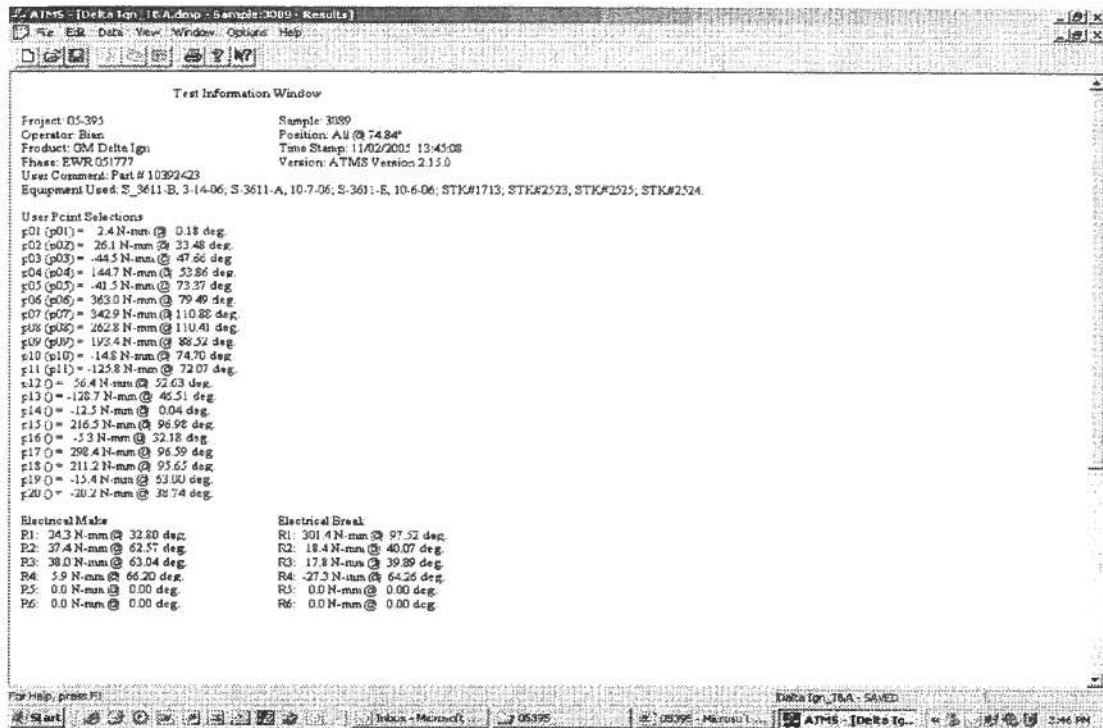


DELPHI

Mechatronic Systems - Test Laboratories

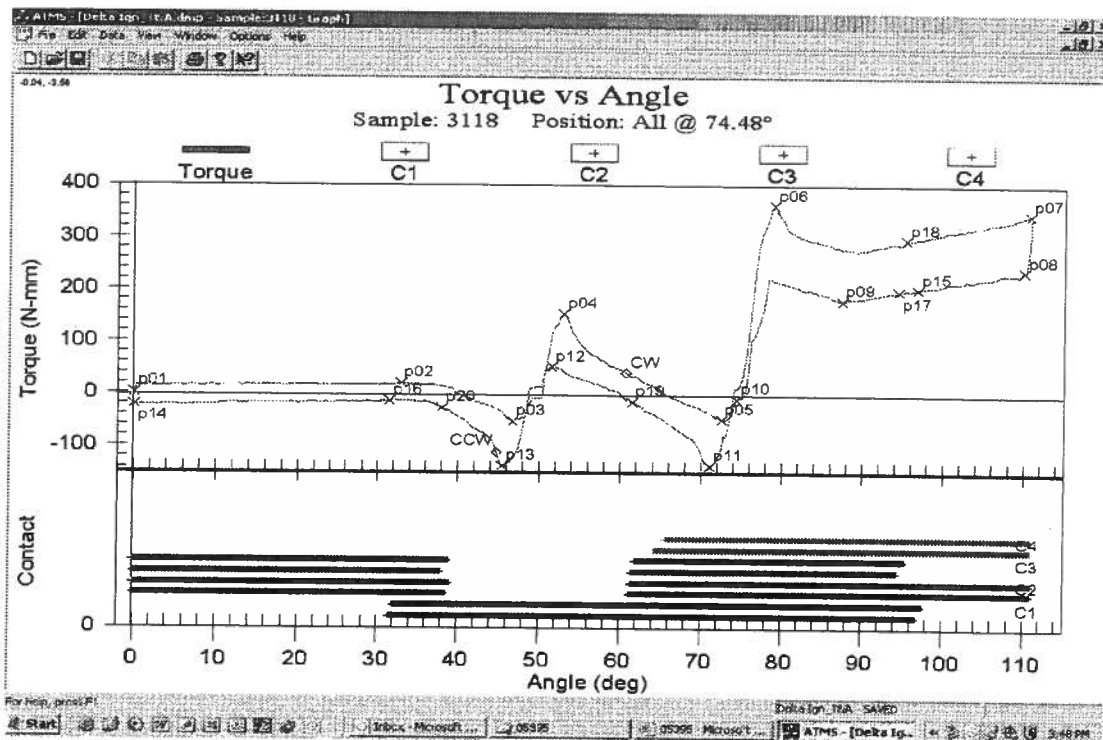
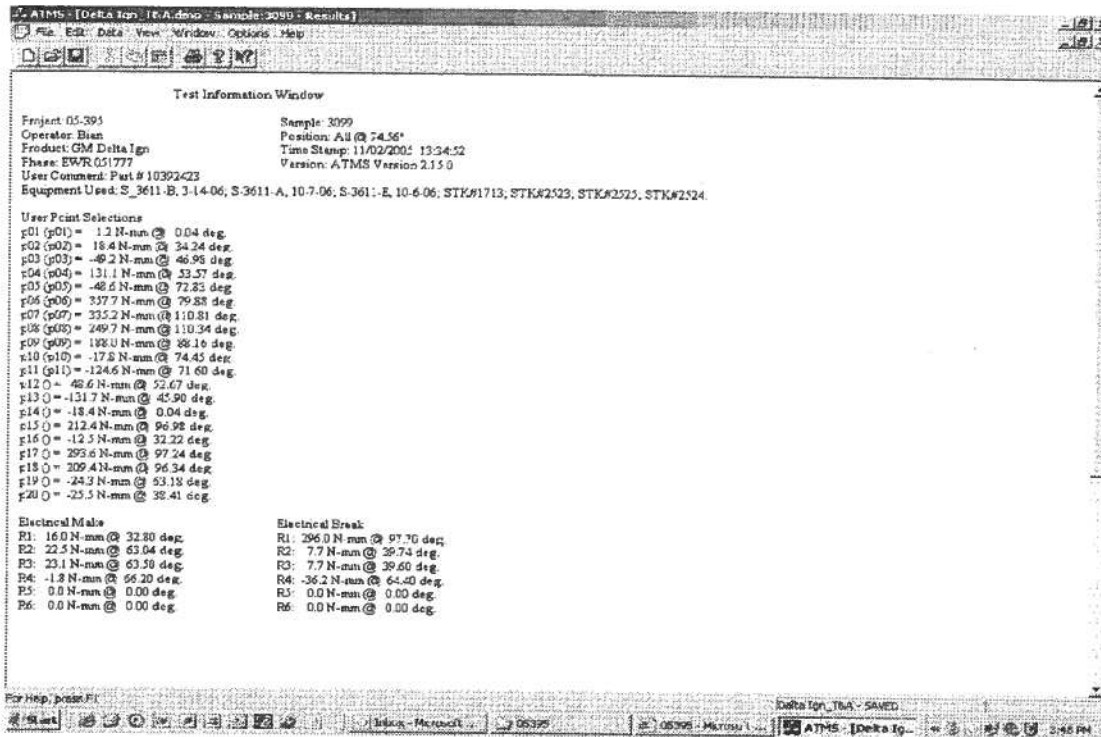
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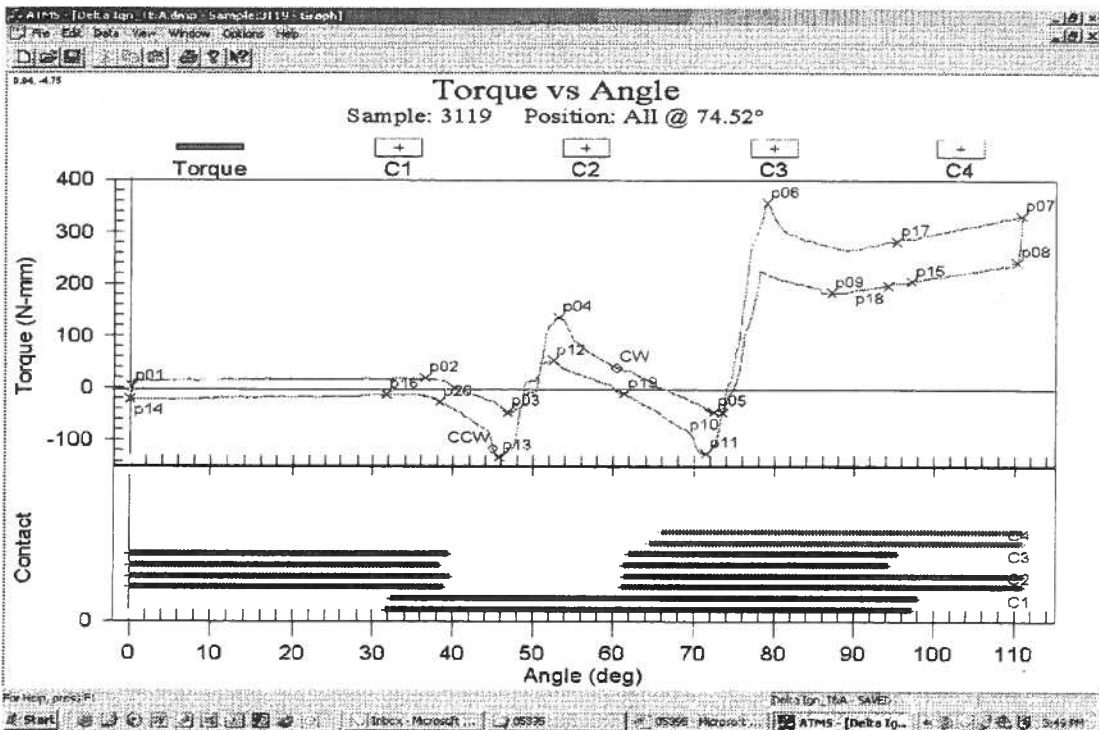
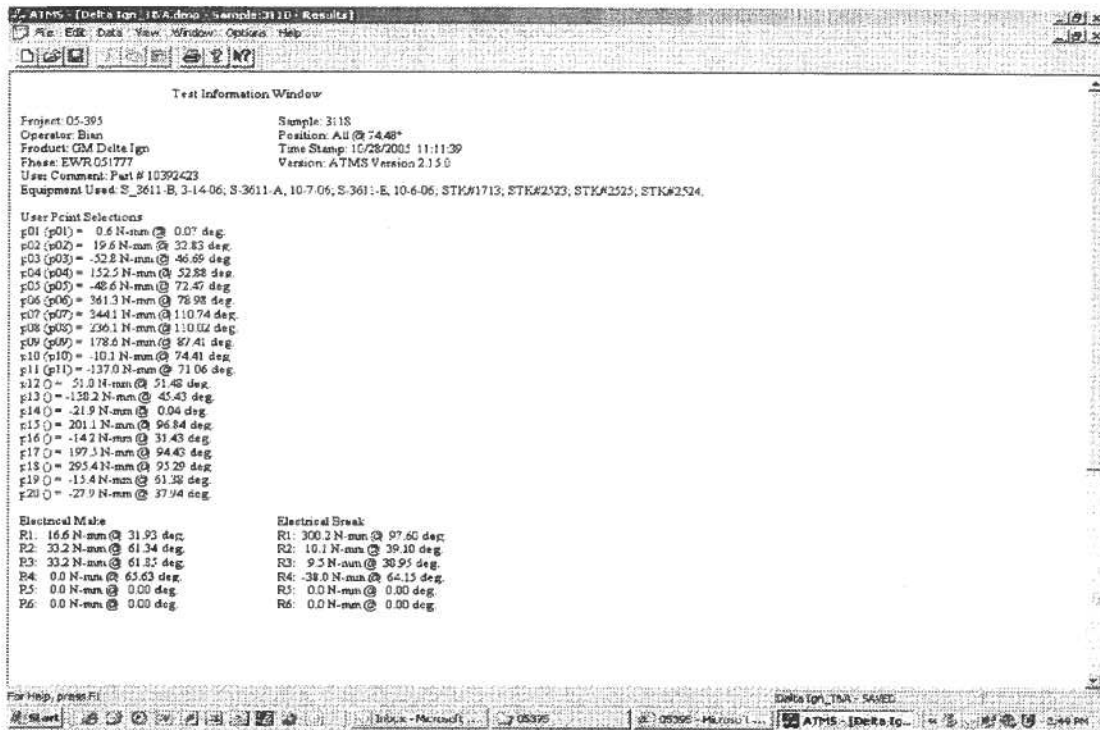
DELPHI

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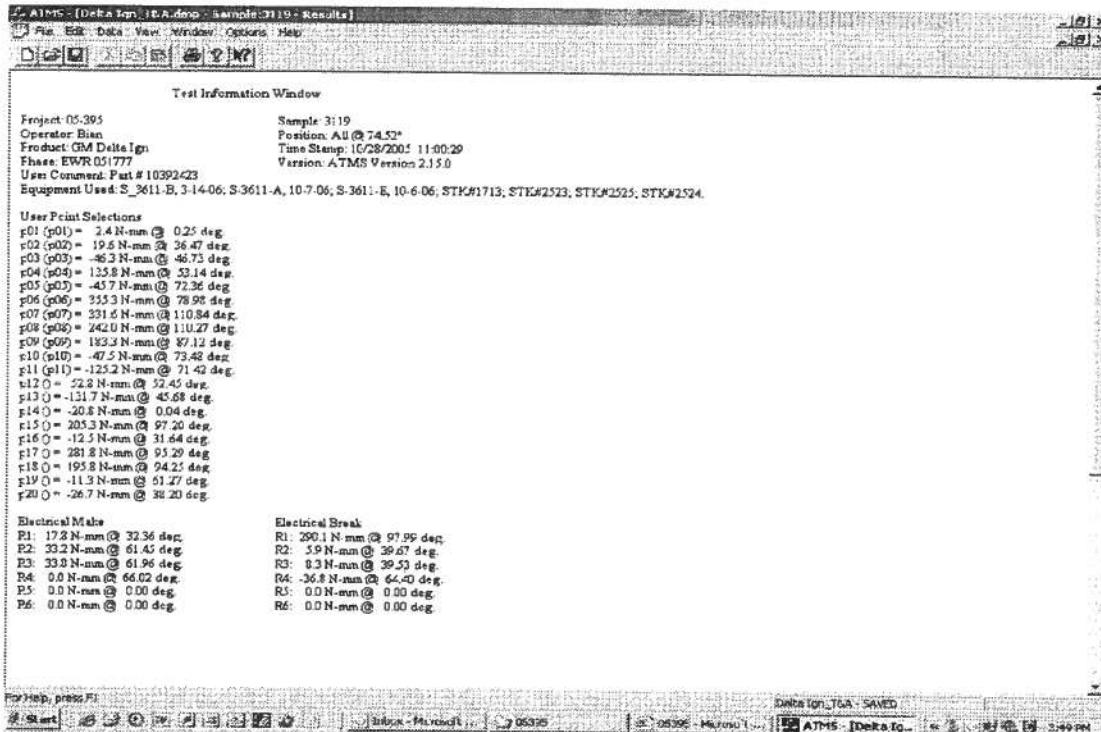
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**Required Action:****DELPHI**

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 FED. R. CRIM. P. 6(e). This confidential document is provided
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GENERAL MOTORS COMMODITY VALIDATION SIGN-OFF

pg. 1 of 2

Buyer's concurrence on the Seller's completion of validation shall not limit, impair, or otherwise modify Buyer's right to assert any legal or equitable remedy, or relieve Seller of its responsibility to provide conforming goods.

Part Name* GMX 357 Delta Ignition Switch Part Number* 10392423 Suffix/Release Level* 001
Shown on Drawing No.* 10392423 / 22673957 Engineering Design Record Change Level* N/A Dated* 27AP04
Procuring Division* NAO Application/Program* GMX 357 Purchase Order No.* _____
GM Lead Engineer* Ray DeGiorgio GM Validation Engineer* Mike Berden

SUPPLIER MANUFACTURING INFORMATION

Supplier Name* Delphi Mechatronic DUNS Number* 812502961
Street Address* Norte 4, Poniente 7 No. 6 H. Matamoros, Tam, Mexico

REASON FOR SUBMISSION*

☐ Initial Submission ☒ Resubmission due to Engineering Change(s) ☐ Resubmission to correct problems in initial submission

COMMODITY VALIDATION SIGN-OFF REQUIREMENTS*

Specified by Procuring Division in SOR or in separate written request. Page 2 lists more information about the required documentation.

- The Supplier has submitted the required proof of validation completion as specified in SOR Appendix G, Section 4 (i.e., GP-11 ADV or executive letter certifying that commodity is validated).
- All issues that are the responsibility of the Supplier have been classified as "closed" and the resolution of each issue has been confirmed by successful validation. This includes those issues that were identified during development, design validation, or product validation, whether those issues are tracked by GM or by the Supplier.
- All Corrective Action Plans (CAP) that are the responsibility of the Supplier have been classified as "closed."
- The information in the Supplier's issue tracking system has been updated and is consistent with the final resolution of all supplier issues and CAPs.
- The Supplier has completed its final ADV P&R (GM 1829-2) summarizing ADV execution status.
- Supplier's ADV Plan(s) and all specified ADV activities have been completed, including activities required to resolve issues identified during development and validation.
- Supplier has obtained GM approval of the detailed validation results for those requirements for which GM approval was specified in the "Other Validation Requirements" column of the Final VCRI.
- Supplier evaluation reports have been completed for all regulatory requirements for which the Supplier conducted ADV activities to confirm compliance of the commodity.
- Supplier evaluation reports have been completed for those non-regulatory requirements or procedures that were identified in SOR Appendix G, in the Final VCRI, or in writing by the program.
- The Supplier has submitted the commodity models, etc. required for the Virtual Archive.

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required by SOR <input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required by SOR <input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required by SOR <input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required by SOR <input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

11. Other: _____

12. Other: _____

Explanation of "NO" answer or comment here: _____

Note that the during cycling, 1 amp was applied on the Delta Ignition Sw. This validation was submitted with New PCB correct timings adjusts as Customer required, also New detent plunger (Catera spring/Plunger) was implemented to increase torque force in the switch.

Supplier Name (please print)* Eduardo Rodriguez Title* _____ Present Product Eng _____ Phone No.* [REDACTED]
Supplier Authorized Signature* [REDACTED] Dated:* 4/24/06

GM DECISION: Rejected (see comments below) ☐ Re-submit (see comments below) ☐ Sign-Off Complete ☐

GM Name (please print) Ray DeGiorgio Phone No. [REDACTED]
GM Authorized Signature _____ Code: _____ Dated: _____
Comment: _____

* Asterisk (*) denotes required field/information.

GENERAL MOTORS COMMODITY VALIDATION SIGN-OFF

pg. 2 of 2

Part Name* _____ Part Number* _____ Suffix/Release Level* _____

COMMODITY VALIDATION SIGN-OFF DOCUMENTATION:*

Location of Documentation, etc. required for Commodity Validation Sign-Off

Item	Description of Required Documentation/Material ¹	Not Required	Current Location of Required Documentation/ Material (contact person title/name, organization, phone number, mailing address, etc.)	Will be Archived by: ²	Material Attached ⁴
a.	GP-11 Warrant(s) signed by both GM and Supplier.		GM-SQE, John Mosier [REDACTED] Delphi Quality Engineer, Jose Luis Rivera [REDACTED]	n.a.	
b.	GP-11 ADV, ADVP&R Cover Sheet(s) (i.e., GM 1829-1) signed by both GM and Supplier.		Delphi Quality Engineer, Jose Luis Rivera [REDACTED]	n.a.	
c.	Supplier issue tracking system final report on issue and CAP status.		Delphi Present Product Eng Eduardo Rodriguez [REDACTED]		
d.	Closed Supplier Corrective Action Plans.	x			
e.	Closed Supplier Issue Reports.	x			
f.	Final ADVP&R status report (i.e., GM 1829-2).		Delphi Test Lab specialist, Tom Svoboda [REDACTED]		
g.	Complete DFMEA.		Delphi Engineering, Eduardo Rodriguez [REDACTED]		
h.	Supplier ADV Plan.	x			
i.	Supplier Evaluation Reports: Regulatory.	x			
j.	Supplier Evaluation Reports: Other.	x			
k.	Commodity analytical models, etc. for Virtual Archive.	x			
l.					
m.					
n.					

¹ Use the blank rows and add rows as needed to describe any additional documentation/material that is required by the SOR, or by the Procuring Division in writing. If a listed item is not required by the SOR or in writing, check the "Not Required" column.

² The SOR specifies the requirements on material to be archived, how long the material is to be archived, etc.

* Asterisk (*) denotes required field/information.

GENERAL MOTORS COMMODITY VALIDATION SIGN-OFF

Description Sheet, pg. 1

pg. 1 of 2

Buyer's concurrence on the Seller's completion of validation shall not limit, impair, or otherwise modify Buyer's right to assert any legal or equitable remedy, or relieve Seller of its responsibility to provide conforming goods.

Part Name* 1 Part Number* 2 Suffix/
Release Level* 3
Shown on Drawing No.* 4 Engineering Design Record Change Level* 5 Dated* 5
Procuring Division* 6 Application/Program* 7 Purchase Order No.* 8
GM Lead Engineer* 9 GM Validation Engineer* 10

SUPPLIER MANUFACTURING INFORMATION

Supplier Name* 11 DUNS Number* 13
Street Address* 12

REASON FOR SUBMISSION* 14

☐ Initial Submission ☐ Resubmission due to Engineering Change(s) ☐ Resubmission to correct problems in initial submission

COMMODITY VALIDATION SIGN-OFF REQUIREMENTS* 15

Specified by Procuring Division in SOR or in separate written request. Page 2 lists more information about the required documentation.

1. The Supplier has submitted the required proof of validation completion as specified in SOR Appendix G, Section 4 (i.e., GP-11 ADV or executive letter certifying that commodity is validated).	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
2. All issues that are the responsibility of the Supplier have been classified as "closed" and the resolution of each issue has been confirmed by successful validation. This includes those issues that were identified during development, design validation, or product validation, whether those issues are tracked by GM or by the Supplier.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
3. All Corrective Action Plans (CAP) that are the responsibility of the Supplier have been classified as "closed."	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
4. The information in the Supplier's issue tracking system has been updated and is consistent with the final resolution of all supplier issues and CAPs.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
5. The Supplier has completed its final ADV P&R (GM 1829-2) summarizing ADV execution status.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
6. Supplier's ADV Plan(s) and all specified ADV activities have been completed, including activities required to resolve issues identified during development and validation.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
7. Supplier has obtained GM approval of the detailed validation results for those requirements for which GM approval was specified in the "Other Validation Requirements" column of the Final VCRI.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required by SOR <input type="checkbox"/>
8. Supplier evaluation reports have been completed for all regulatory requirements for which the Supplier conducted ADV activities to confirm compliance of the commodity.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required by SOR <input type="checkbox"/>
9. Supplier evaluation reports have been completed for those non-regulatory requirements or procedures that were identified in SOR Appendix G, in the Final VCRI, or in writing by the program.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required by SOR <input type="checkbox"/>
10. The Supplier has submitted the commodity models, etc. required for the Virtual Archive.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required by SOR <input type="checkbox"/>
11. Other:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
12. Other:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Explanation of "NO" answer or comment here: 16

Supplier Name (please print)* 17 Title* 17 Phone No.* 18
Supplier Authorized Signature* 17 Dated:* 19

GM DECISION: Rejected (see comments below) 20 Re-submit (see comments below) 20 Sign-Off Complete 20
GM Name (Please print) 21 Phone No. 22
GM Authorized Signature 21 Code: 23 Dated: 24
Comment: 25

* Asterisk (*) denotes required field/information.

GENERAL MOTORS
COMMODITY VALIDATION SIGN-OFF
pg. 2 of 2

Description Sheet, pg. 2

Part Name* 1 Part Number* 2 Suffix/Release Level* 3

COMMODITY VALIDATION SIGN-OFF DOCUMENTATION:*

Location of Documentation, etc. required for Commodity Validation Sign-Off

26		27		28	29
Item	Description of Required Documentation/Material ¹	Not Required	Current Location ² of Required Documentation/ Material (contact person title/name, organization, phone number, mailing address, etc.)	Will be Archived by: ³	Material Attached ⁴
a.	GP-11 Warrant(s) signed by both GM and Supplier.			n.a.	
b.	GP-11 ADV, ADVP&R Cover Sheet(s) (i.e., GM 1829-1) signed by both GM and Supplier.			n.a.	
c.	Supplier issue tracking system final report on issue and CAP status.				
d.	Closed Supplier Corrective Action Plans.				
e.	Closed Supplier Issue Reports.				
f.	Final ADVP&R status report (i.e., GM 1829-2).				
g.	Complete DFMEA.				
h.	Supplier ADV Plan.				
i.	Supplier Evaluation Reports: Regulatory.				
j.	Supplier Evaluation Reports: Other.				
k.	Commodity analytical models, etc. for Virtual Archive.				
l.					
m.					
n.					

¹ Use the blank rows and add rows as needed to describe any additional documentation/material that is required by the SOR, or by the Procuring Division in writing. If a listed item is not required by the SOR or in writing, check the "Not Required" column.

² The SOR specifies the requirements on material to be archived, how long the material is to be archived, etc.

* Asterisk (*) denotes required field/information.

GM Commodity Validation Sign-Off Form Description Sheet, pg. 3

Part Information

1. **Part Name:** Enter the part name as indicated on the Design Record.
2. **Part Number:** Use the assembly part number.
3. **Suffix/Release Level:** Enter the Suffix level of the Part as indicated by the latest Design Level Suffix Change Request (DLSCR) on the Design Record.
4. **Shown on Drawing Number:** Identify the part drawings, specifications or electronic data used to transmit information necessary to produce a product.
5. **Engineering Design Record Change Level and Date:** Use the proper engineering change level that the part submission represents.
6. **Procuring Division:** Enter the name of the division that procured the part.
7. **Application/Program:** Indicate the model year and vehicle or powertrain on which the part is to be used.
8. **Purchase Order Number:** Enter the sequence number issued by the procuring division for the purchase of the prototype part.
9. **GM Lead Engineer:** Procuring Division's Lead Engineer or Design Release Engineer's name.
10. **GM Validation Engineer:** Procuring Division's Validation Engineer's name.

Manufacturing Information

11. **Supplier Name:** Name of the Supplier (i.e., company/corporation) assigned by the purchase order.
12. **Supplier Address:** Complete address of the Supplier assigned by the purchase order.
13. **DUNS Number:** Enter the DUNS number assigned to the Supplier's engineering location as shown on the purchase order.

Reason For Submission

14. Identify why Commodity Validation Sign-Off is being submitted: Initial Submission, Engineering Change, etc.

Commodity Validation Sign-Off Requirements

15. Check the correct box for each item on the checklist. Add additional items as specified in the SOR or in writing by GM.
16. **Explanation of "No" Answers or Comment Here:** Explain all "No" responses to the above checklist and provide additional details regarding this submission in the space provided. Use attachments if necessary.
17. **Supplier Name, Title & Supplier Authorized Signature:** The name, title and signature of the Supplier official who is responsible for Commodity Validation Sign-Off requirements. This official must have first hand knowledge of these parts and the submission package.
18. **Phone No.:** Phone number with area code and country code.
19. **Dated:** Date of Supplier official's signature.

GM Decision

20. The GM representative checks the correct box.
21. **GM Name & GM Authorized Signature:** GM representative's name and signature, where GM representative is GM person authorized to sign-off on the Commodity Validation Sign-Off Form.
22. **Phone No.:** The outside phone number of the GM representative.
23. **Code:** The engineer code for the M representative.
24. **Dated:** The date of the GM representative's signature.
25. **Comment:** Provide an explanation in the comments area whenever "rejected" or "resubmit" are checked.

Required Documentation: Add more rows as needed so that there is one row for each required deliverable.

26. **Not Required:** Check this box if the deliverable is not required per the SOR or other contractual document.
27. **Location:** Provide the location of the listed item as of the date of this Commodity Validation Sign-Off. Describe the contact information (e.g., person's name, phone number, mailing address and/or e-mail address) that an authorized person would need to request copies of, or access to, the material. If appropriate, state when the material will be available at the specified location.
27. **Will be Archived By:** If the material will be archived, name the organization that will archive the documentation/material per the archive requirements specified in the SOR. This will generally be either the Supplier or GM, but the Supplier may contract the archiving of documentation to another organization, which would be identified here.
28. **Check if Attached:** If the listed item is included as an attachment to the Commodity Validation Sign-Off Form, check the "Material Attached" column.