

REQUEST FOR SUPPORT

Nonconformance Continuous Improvement Opportunity Calculated Risk Release

SUBCONTRACTOR: _____

DATE RECEIVED: _____

RFS#: _____

SHEET _____ OF _____

| | | | |
|---|--|---|--|
| Traveler#: | Op#: | Quantity Received: | Job Number: |
| Item Name: | Description: ID S/B Spec#, Para# & IS Condition w/Quantity & Dimension Affected | | # Discrepant |
| Dwg/Spec: | | | |
| Part#: | | | |
| Part# Rev: | | | |
| Lot or S/N: | | | |
| P.O.#: | | | |
| Qty Inspected: | | | |
| Area: | | | |
| Date: | | | |
| Inspector: | | | |
| Project Name: | | | |
| <input type="checkbox"/> Measurement <input type="checkbox"/> Machine <input type="checkbox"/> Personnel <input type="checkbox"/> Material <input type="checkbox"/> Method/Process <input type="checkbox"/> Environment/Design <input type="checkbox"/> Documentation | | | |
| Send-to/Date: | | Critical Impact to Schedule or Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <i>Root Cause: Determine if problem exists elsewhere in the system.</i> | | | |
| <i>Affect on Supplies: Include potential consequences.</i> | | | |
| <i>Immediate Action, Responsibility and Date Performed or Schedule:</i> | | | |
| <i>Corrective Action Plan, Responsibility and Date Performed or Schedule, or Special Instructions:</i> | | | |
| <i>Actions Taken to Prevent Recurrence, Responsibility and Date Performed or Schedule:</i> | | | |
| Trend? <input type="checkbox"/> NO <input type="checkbox"/> YES provide details: | | | |
| ACN Orientation: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Suppl.: <input type="checkbox"/> Yes <input type="checkbox"/> No | ICAR: <input type="checkbox"/> Yes # <input type="checkbox"/> No |
| EO: <input type="checkbox"/> Yes # <input type="checkbox"/> No | | | |
| CLASSIFICATION | Disposition - check all that apply | | |
| MAJOR | <input type="checkbox"/> Scrap <input type="checkbox"/> RTV <input type="checkbox"/> Waiver/Deviation <input type="checkbox"/> Non-Standard Rework/Repair <input type="checkbox"/> Non-Deliverable | | |
| MINOR | <input type="checkbox"/> Standard Rework <input type="checkbox"/> Conditional Acceptance | | |
| NONE | <input type="checkbox"/> Precautionary <input type="checkbox"/> Clarification <input type="checkbox"/> Notification | | |

Approvals and Effectivity Verification

| | | | |
|--|------------------------------------|-----------------------|----------------|
| Review or Verify and Document Effectiveness of Action(s) Taken. Record source of objective evidence (training records, revised procedures): | | | |
| | | | |
| Responsible Engr. Authority - Date | Responsible Engr. Authority - Date | Quality - Date | Referee - Date |
| | | | |
| Rework/Repair Operator | Rework/Repair Date | Rework Inspector/Date | Customer/Date |

ACN=Advance Change Notice; ICAR=Investigation and Corrective Action Request; EO=Engineering Order