

Nonconformance

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.#:			

*Root Cause:*  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_:

*Immediate Action,*  
 \_\_\_\_\_

*Corrective Action Plan,*  
 \_\_\_\_\_

*Actions Taken to*  
 \_\_\_\_\_

Trend?  NO  YES provide details:

_____	_____	_____	_____	_____	_____
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CLASSIFICATION	Disposition - check all that apply			
MAJOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MINOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Approvals and Effectivity Verification**

_____	_____	_____	_____
Responsible Engr. Authority - Date	Responsible Engr. Authority - Date	Quality - Date	Referee - Date
_____	_____	_____	_____



# Your Co Name

Address

City - State - Zip

Phone:      Fax:

Email:

## NON-CONFORMANCE REPORT

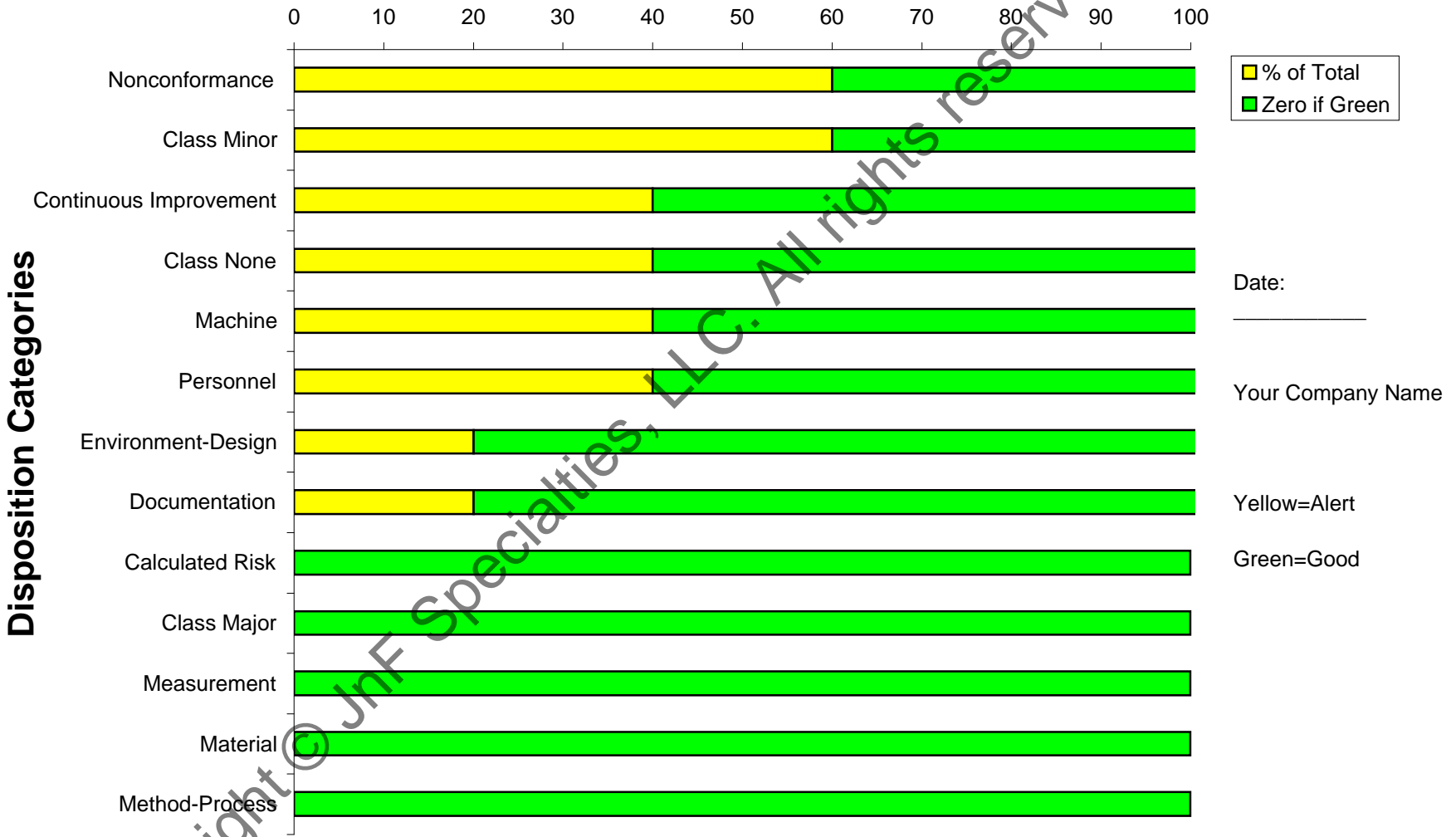
Control Number:		PO Number:	
Part Number:		Part Name:	
Description of Discrepancy:			
Disposition:			
Supplier to provide documentation regarding			
Supplier Notification			
Name of Contact:		Date:	
Comments:			

Form Rev: Orig

# Pareto Analysis Nonconformance Trend Chart

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## Percent of Total Nonconformance Reports



% of Total  
 Zero if Green

Date: \_\_\_\_\_

Your Company Name

Yellow=Alert

Green=Good

**Disposition Categories**

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