

REQUEST FOR SUPPORT

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:

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
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