

Nonconformance [REDACTED] [REDACTED]

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.#:			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			

Root Cause:
[REDACTED]

[REDACTED]:

Immediate Action,
[REDACTED]

Corrective Action Plan,
[REDACTED]

Actions Taken to
[REDACTED]

Trend? NO YES provide details:

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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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

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Responsible Engr. Authority - Date	Responsible Engr. Authority - Date	Quality - Date	Referee - Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

MATERIAL REPORT

Nonconformance
 [REDACTED]
 [REDACTED]

SUBCONTRACTOR: _____

DATE RECEIVED: _____

MR#: _____ 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.#:								

	Disposition Instructions							

CLASSIFICATION	MRB Disposition						
MAJOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material Review Board Acceptance

Products/Date	Manufacturing/Date	Quality/Date	Referee/Date

Your Co Name

Address

City - State - Zip

Phone: Fax:

Email:

NON-CONFORMANCE REPORT

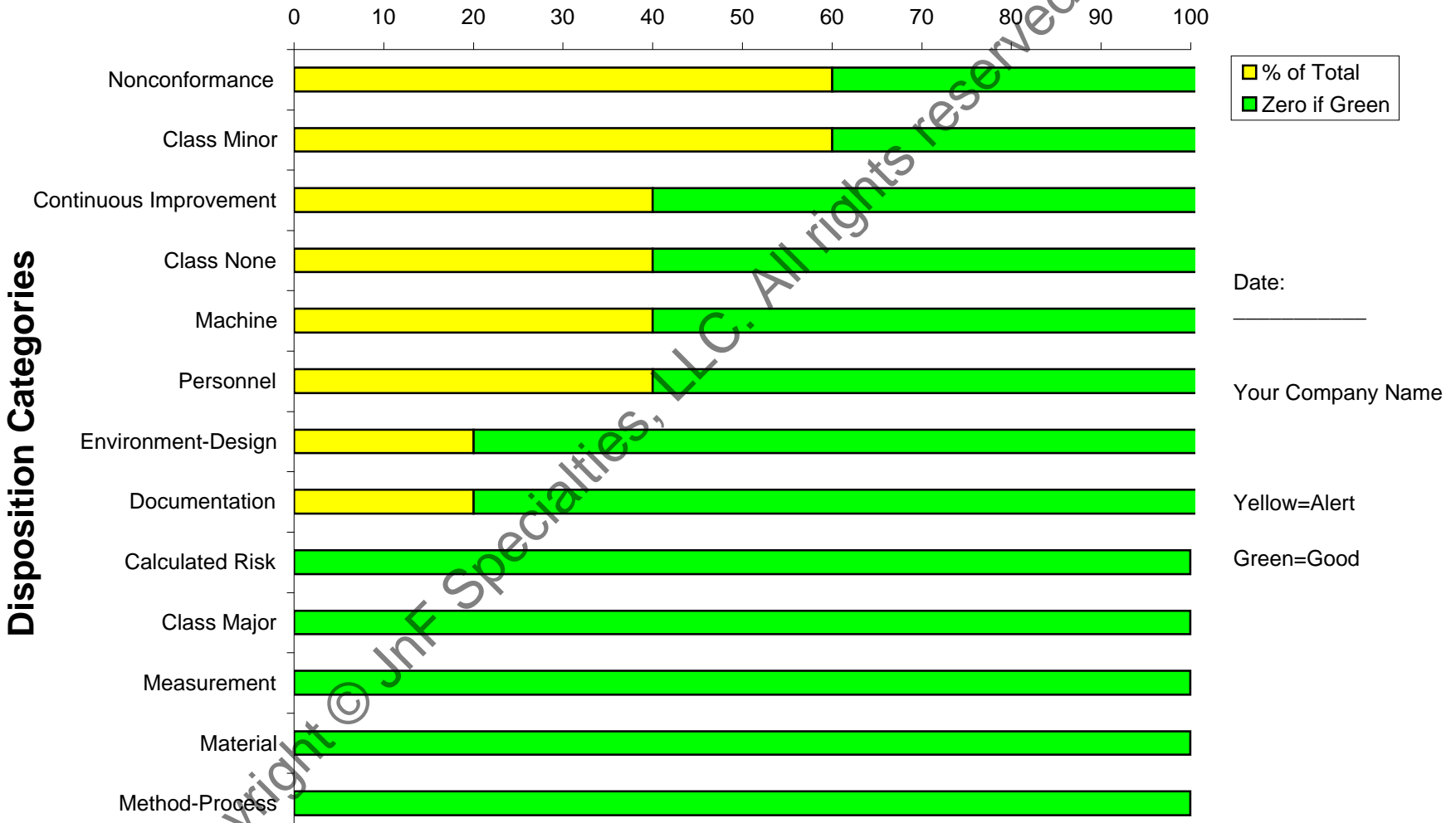
Control Number:		PO Number:	
Part Number:		Part Name:	
[REDACTED]		[REDACTED]	
Description of Discrepancy:			
Disposition:	[REDACTED]	[REDACTED]	[REDACTED]
Supplier to provide documentation regarding [REDACTED]		[REDACTED]	[REDACTED]
Supplier Notification			
Name of Contact:		Date:	
[REDACTED]		[REDACTED]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



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

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