



Nonconforming Material Report

Initiator: _____ Date: _____ NCR#: _____
 Part Number: _____ Revision: _____
 Description: _____
 Qty: _____ Work Order/Lot/RMA/PO Number: _____
 Serial Number: _____
 Operation Where Problem Discovered: _____
 Department/Vendor/Customer Responsible: _____
 Type: Internal Vendor Customer Return
 Product Family: SINDIE BT SINDIE OL X-Beam Optics CLORA HD

Problem Description: _____

Investigation/Actions Already Taken: _____

Disposition: UAI Rework Repair Scrap Return to Vendor Deny Claim
 Disposition Notes: _____

 Approvals:
 Mfg: _____ (All)
 QA: _____ (Required for all except Scrap)
 Engr: _____ (Required for Repair and UAI)