

NONCONFORMANCE REPORT	REPORT No.:	DATE:
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PART / ITEM:	PART No.:
DPT. / VENDOR:	JOB No. / PO No.:
QTY. REJECTED:	SERIAL Nos.:

DESCRIPTION OF NONCONFORMANCE	
	IDENTIFIED BY (TITLE, SIGN, DATE):

DATE:	DISPOSITION	
REWORK: <input type="checkbox"/> USE AS IS: <input type="checkbox"/> REPAIR: <input type="checkbox"/> REGRADE: <input type="checkbox"/> SCRAP: <input type="checkbox"/> E.A.P.A. REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>		

REMARKS:

APPROVED (TITLE, SIGN, DATE):	APPROVED (TITLE, SIGN, DATE):	APPROVED (TITLE, SIGN, DATE):

DUE DATE:	CLOSEOUT		
E.A.P.A. REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>	E.A.P.A. REF. No:	QTY:	EXP. DATE:
REINSPECTED: YES <input type="checkbox"/> NO <input type="checkbox"/>	INSPECTION REPORT No.:		
CORRECTIVE ACTION: YES <input type="checkbox"/> NO <input type="checkbox"/>	CORRECTIVE ACTION No.:		
APPROVED (TITLE, SIGN, DATE):	APPROVED (TITLE, SIGN, DATE):		