**[Short Client Name]**

**Nonconforming Part Disposition** Rev. [Rev Number]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | **NCR #:** | | |  | |
| **Date**: |  | | | | | | | | | **Discovered at:** | | | | | Incoming  In-Process  Final  Customer | | | | | | | | | | |
| **By (Name):** | | | |  | | | | | | | | | | | | | **Dept**: | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job #:** |  | | | | | | | | | **Part** **#:** | |  | | | | | | | | | | | | **Rev**: |  |
| **Drawing (if diff. from part #):** | | | | | | | | |  | | | | | | | | | | | | | | | **Rev**: |  |
| **QTY Affected:** | | | | |  | | | | | **Operation #:** | | | |  | | | | **Operation Description:** | | | |  | | | |
| **Description of the Nonconformity:**  *Include any out-of-tolerance actual measurements.* | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Disposition:** | | | Use As Is – no nonconformity found after evaluation.  Use As Is – obtain customer / regulatory waiver and record below.  Repair As Follows:  For repairs which affect customer design, must obtain customer / regulatory waiver and record below.  Rework as Follows:  Return to Vendor. (SCAR Filed?  NO  YES (indicate SCAR #:       )  Scrap  Regrade (for other purpose, such as tooling, sample, instructional piece) | | | | | | | | | | | | | | | | | | | | | | |
| **Approvals:** | | | **QC**: | | | | |  | | | | | **ENG**: | | |  | | | | **OTHER**: | | |  | | |
| **Waivers:** | | **Customer Waiver:** | | | | | | | | **Name**: | | |  | | | | | | **Signature**: | |  | | | | |
| **Title**: | | |  | | | | | | **Date**: | |  | | | | |
| **Regulatory Waiver:** | | | | | | | | **Agency**: | | |  | | | | | | **Dept**: | |  | | | | |
| **Name**: | | |  | | | | | | **Signature**: | |  | | | | |
| **Title**: | | |  | | | | | | **Date**: | |  | | | | |
| **Re-Inspection Results:** | | | | | | Recorded on Inspection Sheet | | | | | Recorded here: | | | | | | | |  | | | | | | |
| **NOTES or COMMENTS:** | | | | | |  | | | | | | | | | | | | | | | | | | | |