

1.)

Supplier Non-Conformance Report

Date:

Part No:	F/P Rev:
Purchase Order No:	Rave Gear Job No.:
Vendor Name:	
Vendor Address:	
Operation (If applicable):	Operation Rev. (If applicable):
Lot Size:	Qty. Rejected:
Serial Numbers Affected:	

Defect Description: Requirement, Actual, Deviation, Print Location

<u>Requirement:</u>	For additional room, see sheet 3
<u>Actual:</u>	
<u>Deviation:</u>	
<u>Root Cause:</u>	
<u>Containment/Immediate Action:</u>	

2. Disposition (Rave Gear to complete this section)

Material Control/Quality

Disposition:

	ACCEPT - PMRB		OTHER - VOID
	CONCESSION - MRB		RETURN TO RAVE AS-IS
	REWORK		SCRAP
	REPAIR		

Corrective
Action
Needed?

Yes

No

Comments:

Completed By:

Date:

3. Approvals

Name:

Date:

Name:

Date:

Name:

Date:

Requirement:

Continued from Sheet 1

Actual:

Deviation:

Root Cause:

Containment/Immediate Action: