

Nonconformance Number
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Nonconformance Number

## Non-Conformance Report

IDENTIFICATION	
Originator Name:	Date:
CCIS Site:	Rented To:
Equipment Description:	PO:
Serial #:	Serial #:

FOUND DURING WHAT ACTIVITY		
<input type="checkbox"/> Incoming Inspection	<input type="checkbox"/> Test:	<input type="checkbox"/> Process Review
<input type="checkbox"/> In-Process Inspection	<input type="checkbox"/> Product Examination	<input type="checkbox"/> Witness
<input type="checkbox"/> Final Inspection	<input type="checkbox"/> Verification	<input type="checkbox"/> Other:

<p><b>Summary Of Findings:</b></p>
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<p><b>Requirement:</b></p>  <p><b>Deficiencies:</b> Description of Non-Conformance:</p>
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CORRECTIVE/PREVENTIVE ACTION
<p>To Correct the Nonconformance/Deficiency:</p>  <p>To Prevent Recurrence of the Nonconformance/Deficiency:</p>

ACTIONS		
<input type="checkbox"/> Use-as-is	<input type="checkbox"/> Return to supplier	Responsible Manager
<input type="checkbox"/> Repair In Field	<input type="checkbox"/> Return To CCIS	Name:
<input type="checkbox"/> Rework	<input type="checkbox"/> Reject	Date:

Approval of Action	QAQC Manager	Manager
<input type="checkbox"/> Non-critical NC	Name:	Name:
<input type="checkbox"/> Critical NC	Date:	Date:
<input type="checkbox"/> Safety Related Nonconformance		

CLOSING THE NONCONFORMANCE	
Planned action has been completed and corrective/preventive action has been initiated	
QAQC Manager Name:	Date:

**ADDITIONAL INFORMATION / PHOTOS**