



Section 1 - Identification

NCR No.: _____ Date Initiated: _____

Location: _____ Initiator's Name: _____

Supplier (if applicable): _____

Project (if applicable): _____

Structure/System/Component Involved (if applicable): _____

Nonconformance Description (include requirement violated, date and time of violation, total number of items involved, specification, drawing, code or standard to which item/service does not comply, submit sketch if applicable):

[Large empty text area for Nonconformance Description]

Initiator's Signature: _____

Section 2 - NCR Evaluation

Hold Tag(s) Applied? Yes No N/A Number of Tags Applied: _____

Item Segregated? Yes No N/A Item Location: _____

SCAQ? Yes No CAR No. (if Yes): _____

Proposed Disposition: Use-as-is Repair Rework Reject



Technical Justification (Required for use-as-is, repair or rework dispositions):

Corrective Action(s) and scheduled completion date(s):
(Corrective action must include the update of required as-built that reflect the use-as-is, repair, or rework condition)

Responsible Person's Signature & Date: *(Signature represents verification that the item has been repaired or reworked per the corrective action noted above.)*

Functional Manager's Signature & Date:

Section 3 - Verification of Completion -

Verification of Corrective Action(s): Yes No

Initiator's Signature: Date:

Quality Assurance Manager's Signature: Date:

NCR Closure

The FM or designee, as applicable, removes and destroys the tag and marks the NCR as closed.

Hold Tag(s) Removed: Yes No N/A NCR Closed:

The FM submits the completed NCR report and any associated documentation to the Document Control Administrator per section 8.0.