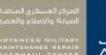


## SUPPLIER NON-CONFORMITY REPORT

SNCR NUMBER	NON-CO	NON-CONFORMING INCI		INCIDENT DATE	DENT DATE				
	🗖 PROD	RODUCT  SERVICES							
1. ITEM DETAILS									
Item/Services Description:									
P/N:	S/N:		L	ot No	.:	QTY:			
Associated PO No.:	O No.: Supplier Name:								
Originator/ Staff No.:	Originator/ Staff No.: Requester/Staff No.:								
2. DESCRIPTION OF NON-CONFORMITY (By QEHS)									
<ul> <li>Incorrect Part Received</li> <li>Damaged Part Received</li> <li>Suspected Unapproved Part Received</li> <li>Unserviceable Part Received, verified on Installation or during Pre-installation Testing</li> <li>Premature Failure on Aircraft/Equipment; (TSI and/or CSI):</li></ul>									
Applicable Technical Publication Reference for the defect:									
					Assigned SC	QS:			
Supplier Quality Manager:	Signature:		Date:		Expected Co Date:	-			
3. SCM (By Procurement & Repair Team)									
Instructions from Supplier:					Supplier No Supplier Ad Return t Dispose	<b>vised Action:</b> to Vendor			
Return PO/RO No.:		AWB No.:		Dispatch Da (If Applicab	ite le): i				
SCM Representative:	Designation:		Signature	2:	Date:				





## SUPPLIER NON-CONFORMITY REPORT

4. (PART A) PRELIMINARY INVESTIGATION REPORT/ FINDINGS - SUPPLIER TO PROVIDE							
Initial Non-Conformity Classification			Action Taken to Rectify Defective Product:				
Product	Product       No Fault Found         Incorrectly Maintained by Operator         Product Reliability Issues         Incorrect Maintenance by Supplier         Intermittent Malfunction         Other						
Process	Process       Supplier Process Failure         Shipment/ Logistic Issues         Other						
List of Documents attached:							
				AMMROC Supplier Quality			
		within 45 days of the item dispatch from AMMROC, use additional sheet(s) if required / or attach Prelimi- nary Teardown Report.					
Supplier Quality Representative:		Designation:	Signature:	Date:			
		5. AMMROC SUPPLIER (	QUALITY SNCR REVIEW	1			
Commen			MDD Date:				
RC / CAP Required : Yes No		MRB Date:					
QEHS Re	presentative:	Designation:	Signature:	Date:			



## SUPPLIER NON-CONFORMITY REPORT

6. (PART B) SUPPLIER TO PROVIDE (If required as per Section 5 Review)					
IDENTIFIED ROOT CAUSE (F					
PROPOSED CORRECTIVE AC	CTION PLAN (CAP)				
NOTE: Communicate to AMMRO					
Supplier Quality Representative:	Designation:	Signature:	Date:		
	AMMROC SUPPLIER QUA	LITY RC and CAP REVI	EW		
Comment/Instructions:					
QEHS Representative:	Designation:	Signature:	Date:		
		5			