

SUPPLIER NON-CONFORMITY REPORT

SNCR NUMBER		NON-CONFORMING <input type="checkbox"/> PRODUCT <input type="checkbox"/> SERVICES		INCIDENT DATE	
1. ITEM DETAILS					
Item/Services Description:					
P/N:		S/N:		Lot No.:	
QTY:					
Associated PO No.:			Supplier Name:		
Originator/ Staff No.:			Requester/Staff No.:		
2. DESCRIPTION OF NON-CONFORMITY (By QEHS)					
<input type="checkbox"/> Incorrect Part Received <input type="checkbox"/> Damaged Part Received <input type="checkbox"/> Suspected Unapproved Part Received <input type="checkbox"/> Unserviceable Part Received, verified on Installation or during Pre-installation Testing <input type="checkbox"/> Premature Failure on Aircraft/Equipment; (TSI and/or CSI): _____ <input type="checkbox"/> Other (Justify; How the failure is attributed to Supplier): _____					
Defect / Non-Conformity Details:					
Applicable Technical Publication Reference for the defect: _____					
Repetitive SNCR: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Provide details of the previous instances with dates and SNCR reference) _____					
					Assigned SQS:
Supplier Quality Manager:		Signature:		Date:	Expected Completion Date: _____
3. SCM (By Procurement & Repair Team)					
Instructions from Supplier:					Supplier Notified On: _____
					Supplier Advised Action: <input type="checkbox"/> Return to Vendor <input type="checkbox"/> Dispose Locally
Return PO/RO No.:			AWB No.:		Dispatch Date (If Applicable): _____
SCM Representative:		Designation:		Signature:	Date:

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4. (PART A) PRELIMINARY INVESTIGATION REPORT/ FINDINGS - SUPPLIER TO PROVIDE

Initial Non-Conformity Classification		Action Taken to Rectify Defective Product:	
Product	<input type="checkbox"/> No Fault Found <input type="checkbox"/> Incorrectly Maintained by Operator <input type="checkbox"/> Product Reliability Issues <input type="checkbox"/> Incorrect Maintenance by Supplier <input type="checkbox"/> Intermittent Malfunction <input type="checkbox"/> Other _____	<p>NOTE: Communicate to AMMROC Supplier Quality within 45 days of the item dispatch from AMMROC, use additional sheet(s) if required / or attach Preliminary Teardown Report.</p>	
Process	<input type="checkbox"/> Supplier Process Failure <input type="checkbox"/> Shipment/ Logistic Issues <input type="checkbox"/> Other _____		
List of Documents attached:			
Supplier Quality Representative:	Designation:	Signature:	Date:

5. AMMROC SUPPLIER QUALITY SNCR REVIEW

Comments:			
RC / CAP Required : <input type="checkbox"/> Yes <input type="checkbox"/> No		MRB Date:	
QEHS Representative:	Designation:	Signature:	Date:

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6. (PART B) SUPPLIER TO PROVIDE (If required as per Section 5 Review)

IDENTIFIED ROOT CAUSE (RC)

PROPOSED CORRECTIVE ACTION PLAN (CAP)

NOTE: Communicate to AMMROC Supplier Quality within 60 days of Request, use additional sheet(s) if required.

Supplier Quality Representative:	Designation:	Signature:	Date:
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7. AMMROC SUPPLIER QUALITY RC and CAP REVIEW

Comment/Instructions:

QEHS Representative:	Designation:	Signature:	Date:
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