



## NONCONFORMANCE REPORT (NCR)

SUBSYSTEM MFD W/O: 28640-2/50	DESCRIPTION OF ITEM Female Skarpaas Flange	DATE June 20, 2012
ORIGINATOR Keith Caban	PART NO. & REV. PF-767-171-02 R9	SERIAL NO.(s) 31, 37, 11, 17, 2
<b>NONCONFORMANCE DESCRIPTION</b>		
<p><b>Nonconformance Description</b> (Describe the nonconformance; ensure the applicable requirements, planned activities, procedures, specifications, drawing, standards, serial numbers, etc. are noted. Indicate who documented the nonconformance.)</p> <ol style="list-style-type: none"> <li>1. 4X R .060 ± 0.005 measures 0.0662 to 0.0706 on all radii, on all Serial Numbers sampled.</li> <li>2. R .005 ± 0.003 ALL AROUND measures 0.0090 to 0.0125 on all Serial Numbers sampled.</li> </ol>		
<b>DISPOSITION</b>		
<p><b>Disposition:</b> (Describe for each cause what action(s) will be taken with the item or process, including, as applicable, the completion dates, disposition of material, and responsible staff for each action. The completion dates, disposition of material, and responsible staff for each action.)</p>		
<b>CORRECTIVE/PREVENTIVE ACTION</b>   <b>ASSIGNED TO:</b>		
<p><b>Corrective/Preventive Action:</b> Describe, as applicable, what actions are needed to prevent recurrence of the identified nonconformance, such as process improvement, procedure revisions, training plan, etc., and include completion dates and responsible staff for each action.)</p>		
<b>FOLLOW-UP REQUIRED:</b> ρ Yes    ρ No		
<b>NCR CLOSEOUT APPROVALS</b>		
LCLS-II TECHNICAL REPRESENTATIVE	DATE	LCLS-II QUALITY ASSURANCE
FOLLOW UP EFFECTIVE ρ Yes    ρ No	FOLLOW UP BY:	DATE