

NONCONFORMANCE REPORT (NCR)

SUBSYSTEM					DATE
MFD W/O: 28640-2/50 Female Skarpaas Flar		ge			June 20, 2012
ORIGINATOR	PAR	T NO. & REV.		SERIAL NO.(s)	
Keith Caban	PF-7	767-171-02 R9		31, 37, 11, 17, 2	
NONCONFORMANCE DESCRI	RIPTION				
Nonconformance Description (Describe the nonconformance; ensure the applicable requirements, planned activities, procedures, specifications,					
drawing, standards, serial numbers, etc. are noted. Indicate who documented the nonconformance.).					
drawing, standards, serial numbers, etc. are noted. Indicate who documented the noncomprimate.					
1. $4X R.060 \pm 0.005$ measures 0.0662 to 0.0706 on all radii, on all Serial Numbers sampled.					
1. 42 K .000 ± 0.003 measures 0.0002 to 0.0700 on an radii, on an seriai radiibers sampied.					
2. R $.005 \pm 0.003$ ALL AROUND measures 0.0090 to 0.0125 on all Serial Numbers sampled.					
2. R. 1003 ± 0.003 TEEL THOUTH measures 0.0070 to 0.0123 on an Serial Pulmoers sampled.					
DidDodreion					
DISPOSITION Dispositions (Describe for an	lltti				ha aanaalatian dataa
Disposition : (Describe for eadisposition of material, and re					
disposition of material, and fo	esponsible staff for t	acii action. The	completion dates, disposi	ition of material, and respon	isible stall for each action.
CORRECTIVE/PREVENTIVE	ACTION		ASSIGNED TO:		
		licable what act	•	at recurrence of the identified	d nonconformance, such as
Corrective/Preventive Action: 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.).					
process improvement, procedure revisions, training plan, etc., and include completion dates and responsible start for each action.).					
FOLLOW-UP REQUIRED: p Yes p No					
FOLDON-OF REQUIRED. P 105 P 100					
NCR CLOSEOUT APPROVALS					
LCLS-II TECHNICAL REPRESENTA	ATIVE	DATE	LCLS-II QUALITY ASSUR.	ANCE	DATE
FOLLOW UP EFFECTIVE	FOLLOW UP B	<u></u>			DATE
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