

NONCONFORMANCE REPORT (NCR)

	1				
SUBSYSTEM	DESCRIPTION OF ITEM FEMALE SKARPAAS FLANGE				DATE
MFD 28640-4	FEMALE SKARP	PAAS FLANGE			9/12/12
ORIGINATOR K. Caban		PART NO. & REV. PF-767-171-02 REV 9		SERIAL NO.(s) 170,62,164,83,71,169,189,132,131,156,120,113,125	
				(13 OF 15 PARTS)	
NONCONFORMANCE DESCRIPTION					
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.).					
1. \[\oplus \overline{\omega} \cdot .003 \] A \[\omega					
0.0056" out of true position.					
DISPOSITION					
Disposition : (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.					
CORRECTIVE/PREVENTIVE	ACTION		ASSIGNED TO:		
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.).					
FOLLOW-UP REQUIRED: ρ Yes ρ No					
FOLLOW-OF REQUIRED: P 100 P 100					
NCD CLOSEQUE ADDDOVALS					
NCR CLOSEOUT APPROVAL		DATE	LOLG HOULD TEN AGENT	ANCE	DATE
LCLS-II TECHNICAL REPRESENTA	AIIVE	DATE	LCLS-II QUALITY ASSUR	ANCE	DATE
FOLLOW UP EFFECTIVE	FOLLOW UP	PRV.			DATE
ρ Yes ρ No	FOLLOW UP	ы.			DATE