



NONCONFORMANCE REPORT (NCR)

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| SUBSYSTEM MFD W/O: 28750-20/10 | DESCRIPTION OF ITEM Vac Tube | DATE July 11, 2012 |
| ORIGINATOR Keith Caban | PART NO. & REV. SA-906-205-73 R5 | SERIAL NO.(s) 5313 |
| NONCONFORMANCE DESCRIPTION | | |
| <p>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.)</p> <p>1. Distance 5.586 ± 0.005 measures 5.5934 (+0.0024" oversized) on Part Serial Number 5313 only.</p> | | |
| DISPOSITION | | |
| <p>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. The completion dates, disposition of material, and responsible staff for each action.)</p> | | |
| CORRECTIVE/PREVENTIVE ACTION ASSIGNED TO: | | |
| <p>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.)</p> | | |
| FOLLOW-UP REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| NCR CLOSEOUT APPROVALS | | |
| LCLS-II TECHNICAL REPRESENTATIVE | DATE | LCLS-II QUALITY ASSURANCE |
| FOLLOW UP EFFECTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No | FOLLOW UP BY: | DATE |