



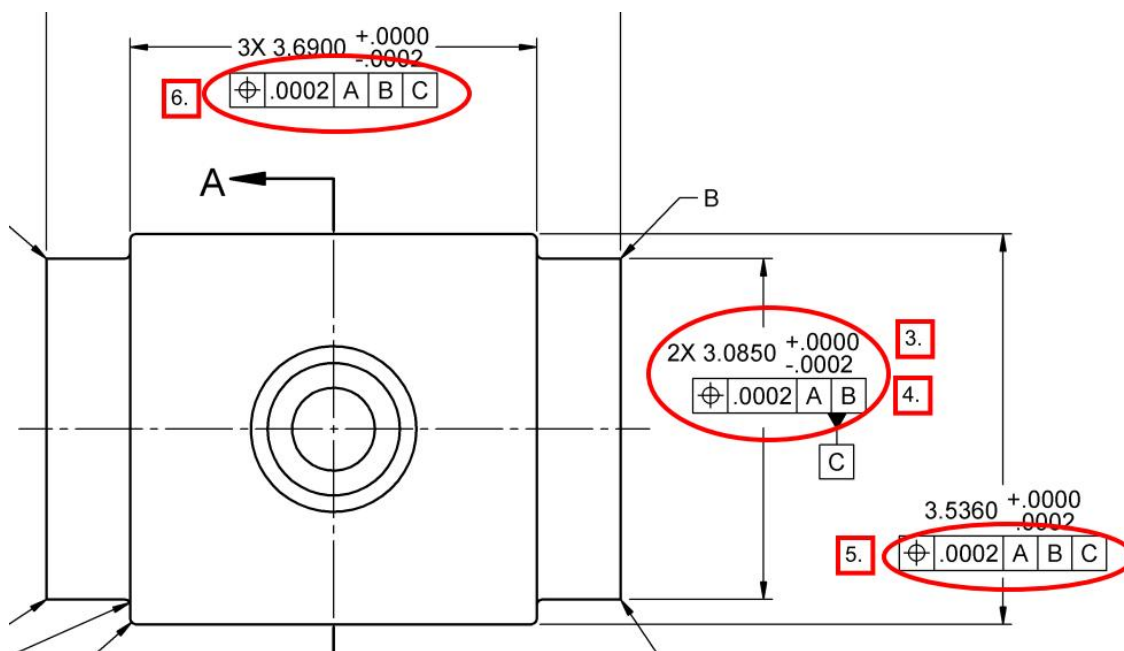
## NONCONFORMANCE REPORT (NCR)

SUBSYSTEM MFD 28932-17	DESCRIPTION OF ITEM COVER	DATE 11/28/12
ORIGINATOR K. Caban	PART NO. & REV. PF-380-805-03 R2	SERIAL NO.(s) 101

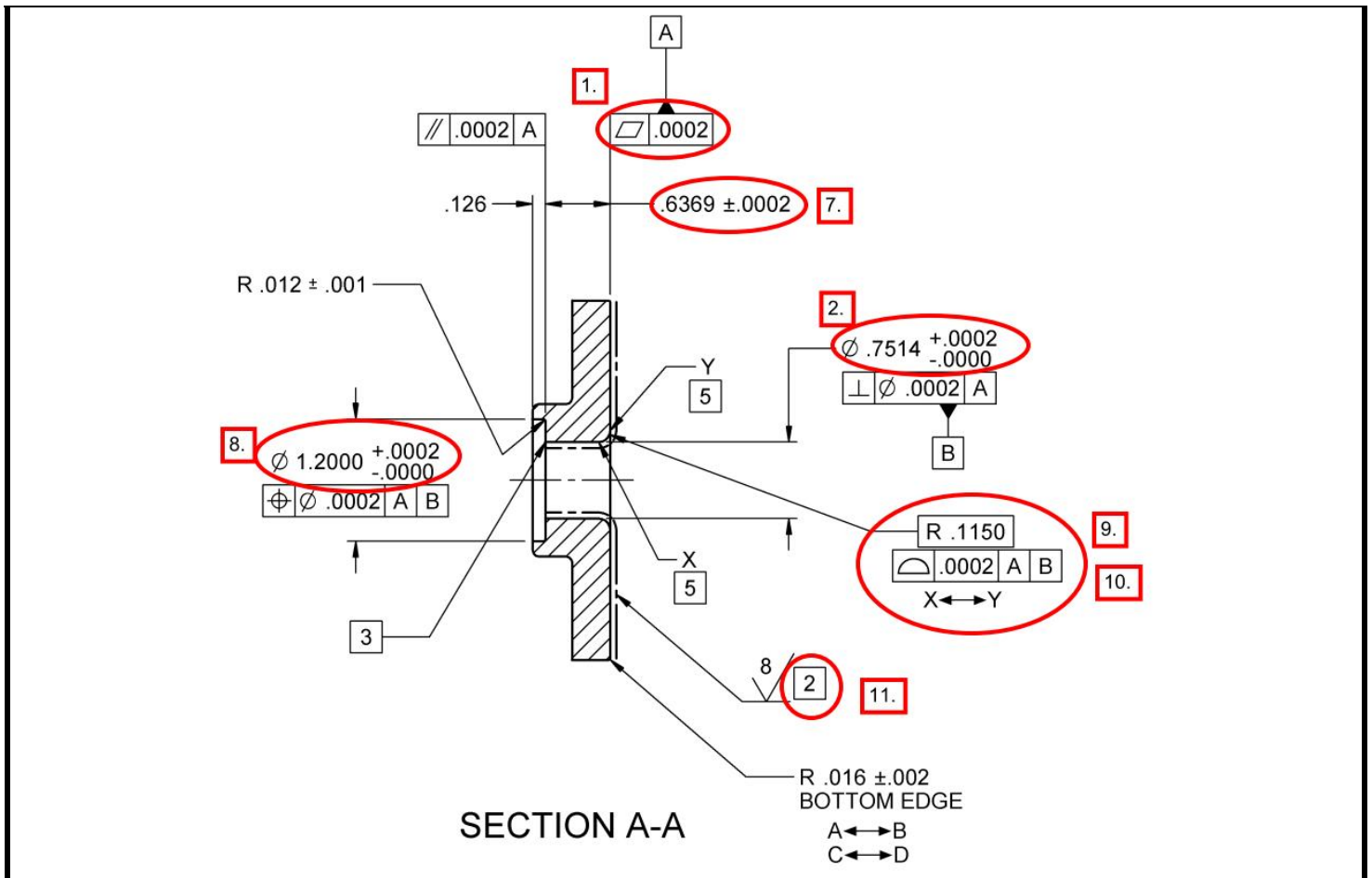
### NONCONFORMANCE DESCRIPTION

**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. Flatness of 0.0002 of Datum –A- measures 0.0016 (+0.0014” out of tolerance).
2. Diameter 0.7514 +0.0002/-0.0000 measures 0.7513 (-0.0001” out of tolerance).
3. 2X Distance 3.0850 +0.0000/-0.0002 measures 3.0851 (+0.0001” out of tolerance).
4. Position 0.0002 of 2X 3.0850 measures 0.0004 (+0.0002” out of tolerance).
5. Position 0.0002 of 3.5360 measures 0.0004 (+0.0002” out of tolerance).
6. Position 0.0002 of 3.6900 measures 0.0015 (+0.0013” out of tolerance).
7. Distance 0.6369 ± 0.0002 measures 0.6360 (-0.0007” out of tolerance).
8. Diameter 1.2000 +0.0002/-0.0000 measures 1.1997 (-0.0003” out of tolerance).
9. Radius 0.1150 (basic dimension profile tolerance of 0.0002) measures 0.1156 (+0.0005” out of tolerance)
10. Profile 0.0002 X-Y is out of surface profile (see attached profile plot).
11. Note 2, no surface scratches or dents. There are noticeable scratches on surface, see actual part.



See next page for more info.



**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. 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

**NCR CLOSEOUT APPROVALS**

LCLS-II TECHNICAL REPRESENTATIVE	DATE	LCLS-II QUALITY ASSURANCE	DATE
FOLLOW UP EFFECTIVE ρ Yes ρ No	FOLLOW UP BY:		DATE