

NONCONFORMANCE REPORT (NCR)

SUBSYSTEM DESCRIPTION OF ITEM MFD 28932-31 SLEEVE					DATE 10/23/12	
ORIGINATOR		NO. & REV.		SERIAL NO.(s)	10,25,12	
K. Caban		PF-380-805-43 RED R3		101, 102		
NONCONFORMANCE DESCRI	PTION					
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. Diameter 3.002 ± 0.001 measures 3.0042 & 3.0041 (+.0012 & +.0011 out of tolerance).						
2. Surface Finish 8.0 measures 9.0 – 9.4. 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 A	CTION		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 REPRESENTAT	IVE	DATE	LCLS-II QUALITY ASSUR	ANCE	DATE	
FOLLOW UP EFFECTIVE ρ Yes ρ No	FOLLOW UP BY:	l	<u> </u>		DATE	