

## NONCONFORMANCE REPORT (NCR)

UBSYSTEM DESCRIPTION OF ITEM					DATE	
MFD FILE:29300-31	YAG02 SCREEN	EEN ASSY			1/22/13	
ORIGINATOR	D/	ART NO. & REV.		SERIAL NO.(s)		
K. CABAN		A-380-508-25 R0		1		
K. Cribrii	57	1 300 300 23 R0		1		
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.).						
specifications, drawing, standards, serial numbers, etc. are noted. Indicate who documented the honcomormance.						
1 M .: D .: 125 1.05						
1. Magnetic Permeability 1.05μ max exceeds tolerance on Item 1, PF-380-508-16, measuring 1.20μ.						
DISPOSITION						
<b>Disposition</b> : (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 s	taff for each action.	The completion dates,	disposition of materia	l, and respon	nsible 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.).						
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FOLLOW-UP REQUIRED: ρ Yes ρ No						
NCR CLOSEOUT APPROVALS						
LCLS-II TECHNICAL REPRESENTA	ATIVE	DATE	LCLS-II QUALITY ASSUF	RANCE		DATE
			, , , , , , , , , , , , , , , , , , , ,			
FOLLOW UP EFFECTIVE	FOLLOW UP	BY:				DATE
a Voc. a No	1					