



SUPPLIER NON-CONFORMITY REPORT

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|-------------|--|---------------|
| SNCR NUMBER | NON-CONFORMING <input type="checkbox"/> PRODUCT SERVICES | INCIDENT DATE |
|-------------|--|---------------|

1. ITEM DETAILS

| | | | |
|----------------------------|------|----------------------|------|
| Item/Services Description: | | | |
| P/N: | S/N: | Lot No.: | QTY: |
| Associated PO No.: | | Supplier Name: | |
| Originator/ Staff No.: | | Requester/Staff No.: | |

2. DESCRIPTION OF NON-CONFORMITY (By QEHS)

- Incorrect Part Received
- Damaged Part Received
- Suspected Unapproved Part Received
- Unserviceable Part Received, verified on Installation or during Pre-installation Testing
- Premature Failure on Aircraft/Equipment; (TSI and/or CSI): _____
- Other (Justify; How the failure is attributed to Supplier): _____

Defect / Non-Conformity Details:

Applicable Technical Publication Reference for the defect: _____

Repetitive SNCR: Yes No (If Yes, Provide details of the previous instances with dates and SNCR reference) _____

Assigned SQS:

| | | | |
|---------------------------|------------|-------|---------------------------------|
| Supplier Quality Manager: | Signature: | Date: | Expected Completion Date: _____ |
|---------------------------|------------|-------|---------------------------------|

3. SCM (By Procurement & Repair Team)

| | | |
|-----------------------------|---|--------------------------------|
| Instructions from Supplier: | Supplier Notified On: _____ | |
| | Supplier Advised Action: <input type="checkbox"/> Return to Vendor <input type="checkbox"/> Dispose Locally | |
| Return PO/RO No.: | AWB No.: | Dispatch Date (If Applicable): |



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|---------------------|--------------|------------|-------|
| SCM Representative: | Designation: | Signature: | Date: |
|---------------------|--------------|------------|-------|

4. (PART A) PRELIMINARY INVESTIGATION REPORT/ FINDINGS - SUPPLIER TO PROVIDE

| Initial Non-Conformity Classification | | Action Taken to Rectify Defective Product: | |
|---------------------------------------|--|--|-------|
| Product | <input type="checkbox"/> No Fault Found <input type="checkbox"/> Incorrectly Maintained by Operator <input type="checkbox"/> Product Reliability Issues <input type="checkbox"/> Incorrect Maintenance by Supplier <input type="checkbox"/> Intermittent Malfunction <input type="checkbox"/> Other _____ | | |
| Process | <input type="checkbox"/> Supplier Process Failure <input type="checkbox"/> Shipment/ Logistic Issues <input type="checkbox"/> Other _____ | | |
| List of Documents attached: | | | |
| | | <p>NOTE: Communicate to AMMROC Supplier Quality within 45 days of the item dispatch from AMMROC, use additional sheet(s) if required / or attach Preliminary Teardown Report.</p> | |
| Supplier Quality Representative: | Designation: | Signature: | Date: |

5. AMMROC SUPPLIER QUALITY SNCR REVIEW

| | | | |
|---|--------------|------------|-------|
| Comments: | | | |
| RC / CAP Required : | | MRB Date: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| QEHS Representative: | Designation: | Signature: | Date: |

6. (PART B) SUPPLIER TO PROVIDE (If required as per Section 5 Review)

IDENTIFIED ROOT CAUSE (RC)

Blank area for identifying the root cause.

PROPOSED CORRECTIVE ACTION PLAN (CAP)

Blank area for proposing the corrective action plan.

NOTE: Communicate to AMMROC Supplier Quality within 60 days of Request, use additional sheet(s) if required.

| | | | |
|----------------------------------|--------------|------------|-------|
| Supplier Quality Representative: | Designation: | Signature: | Date: |
|----------------------------------|--------------|------------|-------|

7. AMMROC SUPPLIER QUALITY RC and CAP REVIEW

Comment/Instructions:

Blank area for comments and instructions.

| | | | |
|----------------------|--------------|------------|-------|
| QEHS Representative: | Designation: | Signature: | Date: |
|----------------------|--------------|------------|-------|