

QUALITY ASSURANCE

Non-CONFORMING MATERIAL REPORT

NCMR No.____ (for traceability).

Date received:	Date inspected:	Inspector:	Part #:	Rev:
Vendor/MFG:	P.O. #	Description:		
Qty Received:	Qty inspected:	Qty rejected:	100% or sample:	
Reason(s) for reject:				
Disposition:				
Accept <input type="checkbox"/>				
Use as is <input type="checkbox"/>				
Rework <input type="checkbox"/>				
Qty:				
Routing Loc. _____				
Reject <input type="checkbox"/>				
Return to vendor <input type="checkbox"/>				
Scrap <input type="checkbox"/>				
Qty:				
Supervisor's signature:				
Comments:				
MRB members signatures:				