|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Information | | | | | | | |
| Supplier Name | | |  | | | | |
| **Supplier Contact Name**  First / Last Name | | | **Supplier Contact**  Email Address and Phone Number | | | | **Date Initiated** |
|  | | |  | | | |  |
| Product Information | | | | | | | |
| Insitu Part # | Part Name and Revision | | | | | PO / release and line # | |
|  |  | | | | |  | |
| Insitu Drawing # | Drawing Name and Revision | | | | | Program Code  (if applicable) | |
|  |  | | | | |  | |
| List all Serial Numbers or Lot / Date Codes | | | | | | | Total Qty |
|  | | | | | | |  |
| Nonconformance | | | | | | | |
| Is this a Notice of Escape? (yes/ no) | | | | | | | |
| **SREA PR#** (if applicable) | |  | | **Supplier NCR#**  (include in attachements) |  | | |
| **Description of the Requirement** *State the drawing requirement(s); include the drawing number, drawing sheet and zone, specification, tolerance, etc. Expand field as necessary.* | | | | | | | |
|  | | | | | | | |
| **Description of the nonconformity**  *State the exact deviation(s) from the requirement(s). Expand field as necessary.* | | | | | | | |
|  | | | | | | | |
| **Suspected Cause of nonconformity**  *Given the information available to you, what may have caused the deviation(s)? If supplier caused please include a RCCA plan. Expand field as necessary.* | | | | | | | |
|  | | | | | | | |