



# Nonconformance Report

Ames Research Center

1. NCR No.

## Identify Nonconformance

NCR Originator	2. Originator:	Phone:	Date:	Org:
	3. Item Name:	Qty:		
	4. Dwg / Part No: Lot / Serial No:	5. Found During What Activity:		
	6. Item Location:			
	7. Actual Condition:			
	8. Req'd Condition:			

## Disposition Nonconformance

Responsible Manager/Review Team	9. Authorized Disposition:	<input type="checkbox"/> Scrap <input type="checkbox"/> Return to Supplier <input type="checkbox"/> Repair <input type="checkbox"/> Regrade <input type="checkbox"/> Use As Is	10. Disposition Rationale:
			11. Cause Classification: <input type="checkbox"/> Design <input type="checkbox"/> Manufacturing <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Other (explain) _____
	12. Responsible Manager:	Signature:	Date:
	13. <input type="checkbox"/> Request Waiver (ARC 762) (Procedure 53.ARC.0013.1)	Waiver No:	
	14. Disposition Details:		
	15. Corrective Action Req'd Yes (Procedure 53.ARC.0014) <input type="checkbox"/> No	16. CAR No:	
			Rationale (if yes):
	17. Safety Function: (If Safety Is Affected)	Signature:	Date:

**Disposition Nonconformance**

Re  
s.  
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18. NCR Closed By:

Signature:

Date:



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**Continuation Page**