

REQUEST FOR SUPPORT

Add to Cart

SUBCONTRACTOR:			DATE RECI	EIVED:		
RFS#:				SHEET	OF	
Traveler#:	Op#:	Quantity I	Received:	Job Number:		
Item Name:			#, Para# & IS Condition w/Quantity		# Discrepant	
Dwg/Spec:		<u> </u>	,			
Part#:						
Part# Rev:					714	
Lot or S/N:					XO I	
P.O.#:				(
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Root Cause:			< <u> </u>	9		
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			X			
Immediate Action,						
		×				
Corrective Action Plan,		S				
		0				
Actions Taken to		•				
Trend? NO YES pro	vide details:					
					_	
CLASSIFICATION		Dis	position - check all that apply			
MAJOR						
MINOR						
NONE						
	٨	nnrovals and Fff	ectivity Verification			
		PPI UVAIS AILU EII				
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)						
Responsible Engr. Authority – Date	Responsible F	ngr. Authority – Date	Quality - Date	Referee -	Date	
			Quality Duto			

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MATERIAL REPORT

□Nonconformance □

UBCONTRACTOR: DATE RECEIVED:				EIVED:		
MR#:				SHEET	OF	
Traveler#:	Op#:	Quantity Received	:	Job Number:		
Item Name:		scription: ID S/B Spec#, Para#, &		&Dimension Affected	# Discrepat	
Dwg/Spec:),	
Part#:					. 1.	
Part# Rev:					0	
Lot or S/N:				~		
P.O.#:				<u></u>		
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		Disposition Instruc	tions			
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	<u> </u>					
CLASSIFICAT			RB Disposition			
MAJOR					_	
MINOR					_	
MINOR						
		Material Review Board	Acceptance			
5						
Products/Date	Mar	nufacturing/Date	Quality/Date	Referee/Date		
			2	Tererec, Dute		

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## Your Co Name Address City - State - Zip Phone: Fax:

Email:

Control Number:	PO Number:
Part Number:	PO Number: Part Name:
	Fait Maille.
Description of Discrepancy:	
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	<u></u>
Disposition:	
Supplier to provide documentation regarding	
	olier Notification
Name of Contact:	Date:
comments:	
omments.	<u>^</u>
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