

This section shall be completed by Supplier:

Supplier Name:		Supplier NCR Number:		Date Issued:	Click here to enter a date
Supplier Contact Name and Title:	Name Title	MDA PO Number:	POXXXXXX	MDA Drawing Number & Rev:	40XXXXXX Rev. X
MDA Part Number:	40XXXXXX-XXX	MDA Part Desc:			
Serial Number:		Affected Lot No.:			
PO Line No.:		PO Line QTY:			

Defect Description

Item No.	Defect Description	Defect QTY	Defects' Picture

Containments

Item No.	Containment	QTY

The following sections to be completed by MDA only if MDA NCR is not required:

Program:		Project Engineer:		Project PA:	
Process Level:		Project QA:			

Item Disposition

Item No.	Description of Disposition

Disposition Approval

Disposition Approval	Name	Signature	Date
Project Engineer			Click here to enter a date
Program QA			Click here to enter a date
Program PA			Click here to enter a date
M&PE (if applicable)			Click here to enter a date

This section to be completed by MDA SQE:

Is a Root Cause Analysis and Corrective Action report required? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES is selected, the supplier required to perform Root Cause and Corrective Action (RCCA) using MDA form PE273			
SQE Name:		Date:	Click here to enter a date