



# NONCONFORMING NOTICE (NCN)

NCN #:

15-015

**Name of Supplier & Item Name / Part Number of Nonconforming Material / Service:** or N/A

**Name of Supplier or Customer :** Pall Fortebio

**Item Name or Part Number :** 22-1006

**Supplier or Customer PO Number:** PO00008273 / PO00009322 / PO00010937 ( Customer Can't Locate Exact PO number ref to these units See email from Customer on 01/05/16)

**Quantity Received :** W/F Units from Customer

**Quantity Rejected** 11

**Originator:**

Suraj Amin

**Function:**

Project Eng

**Ext.**

**Date:**

12/15/15

**Assigned to:**

Hiren Patel

**Function:**

Quality Mgr.

**Corrective Action**

x

**Preventive Action**

**Nonconforming Material / Service**

**Nonconformance:** (Describe the Problem)

The 11 units were written up for, "Insert holes are too far out of spec according to template, making it unable to fasten the cover to instrument"

Ref NCMR # NC15-0273 ( 6 Units ) & NC15-0295 ( 5 Units )

**Requirements:** Holes Location Per Spec -

**Objective Evidence:** Ref NCMR # NC15-0273 ( 6 Units ) & NC15-0295 ( 5 Units )

**NCN Initiated as a result of:**

☐ Supplier Nonconformance    ☐ Production Nonconformance    ☐ Internal Quality Audit  
☒ Customer Complaint    ☐ Customer Audit    ☐ Other: \_\_\_\_\_

Check One – X

**Disposition:** (Describe any immediate remedial action taken/proposed.)

☒ Rework ( Qty : 11 )    ☐ Use as is ( Qty : )    ☐ Scrap ( Qty : )    ☐ Reject & return to supplier ( Qty : )

☐ Repair ( Qty : )    ☐ Other: ( Qty : )

**Authorized By & Date:** Gary Vassighi

Check One – X

**Verification of Disposition :**

( Please verify below, Sign and date )

**Authorized By & Date :** Gary Vassighi-

If Rework, New Work order Number 12119-02 & 12409-02 Verified Yes ( x ) No ( )

If Use as is, Customer Written Authorization dated N/A Verified Yes ( ) No ( )

If Repair, Customer Written Authorization dated N/A Verified Yes ( ) No ( )

If Scrap, By Customer ( ) By 3D CAM ( ) Other ( x ) Describe N/A

If Supplier Non Conformance, Vendor Return Number N/A Verified Yes ( ) No ( )

**Root Cause:** (Ask the “5 Whys” when determining cause of the problem)

**Corrective and/or Preventive Action:** (Describe any corrective and/or preventive action taken to correct the nonconforming event and/or prevent a recurrence.

-Reviewed Current Requirements

-Reviewed Current Requirements with Production Manager and developed below Rework procedure

- Remove existing Inserts
- Plug holes
- Use Template provided by customer ( Received on 10/13/15- ) to re-locate holes & install Inserts
- Review parts for any scratches and repaint if necessary
- 

**Name of Person Assigned:**

**Date Action to be Completed:**

**Verification of Closure:****Date Response Due (For Effectiveness):****Corrective/Preventive Action:**     ☐ Satisfactory     ☐ Not satisfactory, issue new NCN #:\_\_\_\_\_

Comments:

**Approved by:****Date Closed:**