



NCMR Number  
1698

P.O. Box 1168  
Fond du Lac, WI 54936-1168  
Fax 920 921 4713

# Non Conforming Material Report

## NCMR

<u>Supplier</u> Supplier # <b>z500</b> <b>Supplier Name</b> Tom Smith Cleveland Wi 54866- FAX: (920) 111-2222	<u>RB Royal Industries</u> <u>Part Number</u> 222-4444 <u>Revision Level</u> C <u>Supplier</u> <u>Part Number</u>	<u>PO#:/Lot #</u> 87878 <u>Date Received</u> 8/5/2009	<u>Corrective Action</u> Yes <u>Date Initiated</u> 8/26/2009 <u>Due Date</u> 9/16/2009
---------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

Sample Size <input type="text" value="40"/>	Total Received <input type="text" value="500"/>	<u>Inspected By</u> RB Person
Accepted from Sample <input type="text" value="0"/>	Total Qty Accepted <input type="text" value="0"/>	
Total Qty Rejected <input type="text" value="500 Parts"/>		

Discrepancy One

specification is 1.00 ± .01 Actual hose ID measures .90 - .92"

Corrective Action Required

Discrepancy Two

Corrective Action Required

Discrepancy Three

Corrective Action Required

Additional Information

Hold # 5678; Photos taken

<u>Quality Assurance Sign-Off</u> _____	<u>Purchasing Sign-Off</u> _____
--------------------------------------------	-------------------------------------

ATTENTION SUPPLIER: If Corrective Action is Required, Complete reverse side of this form.