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|   | **DA / SUPPLIER / SUB-CONTRACTOR** **QA NON-CONFORMANCE REPORT** | Report No. |

**Section 1** *To be completed by the Initiator*

|  |  |
| --- | --- |
| 1. Title of Non-conformance (NC):
 | 1. Date of detection:
 |
| 1. PBS: Item Name:
 | 1. ITER Contract/PA number:
 |
| 1. DA/Supplier/Subcontractor:
 |
| 1. Requirement:
 |
| 1. Description of the non-conformance:
 |
| **Initiator:** Name: Organization: Signature: Date: |

**Section 2** *To be completed by the DA / Supplier / Sub-contractor*

|  |
| --- |
| 1. Non-conformance category: Major [ ] Minor [ ]
 |
| 1. PIC [ ] Non-PIC [ ] SR [ ] PIA [ ]
 |
| 1. Proposed remedial action: use *as is* [ ] *rework* [ ] *repair* [ ] *reject* [ ] *other* [ ]\*

\*can include modification of documentation |
| 1. Justification of the proposal(for PIC and PIA, include safety justification)
 |
| 1. [ ] Update of “as built” drawings

[ ] Drawings are not updated. The NCR is to be referenced in the “as built” drawings[ ] No impact on “as built” drawings |
| 1. List of attachments:
 |
| 1. Preliminary analysis of causes:
 |
| **DA / Supplier / Sub-Contractor Responsible Officer:**NameSignature: Date: | **DA / Supplier / Sub-Contractor Quality Officer:**NameSignature: Date: |

**Section 3** *Acceptance of the NCR - To be completed by ITER for Major NC only after IDM approval*

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| **Additional comments:**  |
| **IO Responsible Officer decision:**Accept [ ] Reject [ ]Name:Signature: Date: | **IO Quality Officer comments:**Name:Signature: Date: |

**Section 4** *Follow-up of the NCR - To be completed by DA / Supplier / Sub-contractor for Major NC*

|  |
| --- |
| 1. Root cause analysis (include process failed if applicable):
 |
| 1. Corrective action:No [ ] Yes [ ] CAR- Reference number #

(summarize the corrective action) |
| 1. Follow-up on actions

The remedial action indicated above has been completed No [ ]\* Yes [ ]The corrective action(s) has been initiated if applicable No [ ]\* Yes [ ]I recommend the closure of this NCR. No [ ]\* Yes [ ]**DA / Supplier / Sub-Contractor Responsible Officer:**\* Description of additional actions needed:Name:Signature: Date: |

**Section 5** *Closure of the NCR - To be completed by ITER for Major NC*

|  |  |
| --- | --- |
| **IO Responsible Officer decision:**I agree that this NCR can be closed**.**Yes [ ]No [ ]-describe additional actions needed:Name:Signature: Date: | **IO Quality Officer comments:**Name:Signature: Date: |