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

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

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| 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*

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| 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:**  Name  Signature: Date: | **DA / Supplier / Sub-Contractor Quality Officer:**  Name  Signature: 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*

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| 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*

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| **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: |