

NON CONFORMING MATERIAL FORM

FORMAT NO.:

FORM NO.:

DATE:

(PLEASE TICK BELOW)

RAW MATERIAL = I.D. _____

INTERNAL PROCESS = I.D. _____

CUSTOMER RETURNED = I.D. _____

SUPPLIER OR CUSTOMER NAME & ADDRESS:

REASON FOR NON CONFORMING

DISPOSAL (PLEASE TICK)	
<input type="checkbox"/>	REWORK
<input type="checkbox"/>	ACCEPT AS
<input type="checkbox"/>	RETURNED
<input type="checkbox"/>	RECYCLING
<input type="checkbox"/>	SCRAP

COMMENT:

APPROVAL : _____ **DATE:** _____

FURTHER ACTION REQUIRED?

YES. DOCUMENT NO. FOR REFERENCE :