VENDOR NONCONFORMING MATERIAL DISPOSITION REQUEST & PROPOSED CORRECTIVE ACTION

QA-SP1.5-F-004 (01-20)

VENDOR:	**VENDOR CODE:**	**DATE:**
PART NAME:	**PART #:**	**LOT/SERIAL/ROLL#:**
QTY:	**PURCHASE ORDER:**	
DWG/SPEC AFFECTED:		
NONCONFORMING CONDITION /CAUSE:		
VENDOR PROPOSED DISPOSITION:		
VENDOR QA MGR:	**DATE:**	
AXILLON RECOMMENDATION AND DISPOSITION:		

QA:	**PRODUCTION:**	**ENGINEERING:**	**BUYER:**	**GOV'T/CUST (if req):**
DATE:	**DATE:**	**DATE:**	**DATE:**	**DATE:**
VENDOR CORRECTIVE ACTION AND EFFECTIVITY:				
QA:	**PRODUCTION:**	**ENGINEERING:**	**BUYER:**	**GOV'T/CUST (if req)**
DATE:	**DATE:**	**DATE:**	**DATE:**	**DATE:**