

Supplier Quality Non-Conformance Report

Report No.

Date

Reported By

Department

SUPPLIER DETAILS

Supplier Name

Supplier Code

Contact Person

MATERIAL / PRODUCT INFORMATION

Part Number	Part Description	Batch/Lot No.	Quantity Received	Quantity Rejected

DESCRIPTION OF NON-CONFORMANCE

PHOTOS / EVIDENCE (IF APPLICABLE)

IMMEDIATE ACTION TAKEN

DISPOSITION / PROPOSED ACTION

ROOT CAUSE ANALYSIS (SUPPLIER)

CORRECTIVE / PREVENTIVE ACTIONS (SUPPLIER)

Reported By

Date: _____

Supplier Representative

Date: _____

Quality Manager Approval

Date: _____