

Material Receiving Non-Conformance Report

Report No.: _____

Date:

Supplier Name: _____

PO No.:

Receiving Doc. No.: _____

Material Description: _____

Part No.:

Quantity Received: _____

UOM:

Qty. Non-conforming: _____

Description of Non-Conformance:

Proposed Disposition / Correction:

Inspection Details	Findings	Comments

Prepared By / Date

QC Inspector / Date

Department Head / Date