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| SUPPLIER To complete this section |
| Supplier Name |       | Date |       |
| NCR Author  |       | Contact No / email |       |
| Part Description  |       | Drg No |       |
| Purchase Order No |       | Drg Issue |       |
| NCR Details: | NCR Qty: | Serial Nos(include WOR No if used). |
|       |       |       |
| Instructions to SupplierSubmit separate supplier non-conformance request for each batch, order line or Cross Manufacturing works order number.**Include problem statement for each nonconformance.****Submit the completed form via email to:** supplier.quality@crossmanufacturing.com**Do not ship goods until approval has been received. Enclose a copy of the signed off NCR with the goods and reference it on your C of C / paperwork.** |
| Cross Manufacturing to complete |
| Cross Quality Dept to enter details on NCR system. Details of disposition to be sent back to supplier contact. |
|  |
| NCR No. assigned | NCR |  |