

NON-CONFORMANCE DISCLOSURE REPORT  
(POST DELIVERY)

## REPORT NO.

Note: For supplier generated NDR-PD, only this section is to be completed by the originator and the NDR-PD shall be forwarded to Kearfott for review and any necessary action. Add any attachments as necessary.

ORIGINATOR	PART NO.	REV.	PART NAME	DATE
QUANTITY	S/N, L/N, D/C	SUPPLIER NAME	P.O. NO.	

DETAILS OF NONCONFORMANCE:

DATE(S) PRODUCT SHIPPED TO KEARFOTT:

CAUSE OF NON-CONFORMANCE:

CORRECTIVE ACTION SHALL BE PROVIDED BY THE SUPPLIER:

CORRECTIVE ACTION (C/A) ASSIGNEE:

C/A DUE DATE:

CORRECTIVE ACTION:

Supplier Quality Manager Name:

Approval:

For supplier generated NDR-PD:

BUYER:

PURCHASING SUPERVISOR::

COMMENTS:

END ITEM(S):

PROGRAM/PRODUCT LINE

NOTIFY CUSTOMER YES ☐ NO ☐NOTIFY REGULATORY AGENCY: YES ☐ NO ☐

ENGINEERING RATIONALE / INSTRUCTIONS :

## SIGNATURES

QUALITY ASSURANCE

DATE

STAMP

ACCOUNTABLE MANAGER:

DATE

# NON-CONFORMANCE DISCLOSURE REPORT (POST DELIVERY)

REPORT NO. 1

Note: For supplier generated NDR-PD, only this section is to be completed by the originator and the NDR-PD shall be forwarded to Kearfott for review and any necessary action. Add any attachments as necessary.

ORIGINATOR <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">2</span>	PART NO. <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">3</span>	REV. <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">4</span>	PART NAME <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">5</span>	DATE <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">6</span>
QUANTITY <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">7</span>	S/N, L/N, D/C <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">8</span>	SUPPLIER NAME <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">9</span>		P.O. NO. <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">10</span>

DETAILS OF NONCONFORMANCE: 11

DATE(S) PRODUCT SHIPPED TO KEARFOTT: 12

CAUSE OF NON-CONFORMANCE: 13

CORRECTIVE ACTION SHALL BE PROVIDED BY THE SUPPLIER: 14

CORRECTIVE ACTION (C/A) ASSIGNEE: 15 C/A DUE DATE: 16

CORRECTIVE ACTION: 17

Supplier Quality Manager Name: 18 Approval: 19

For supplier generated NDR-PD:

BUYER: 20 PURCHASING SUPERVISOR: 21

COMMENTS: 22

END ITEM(S): <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">23</span>	PROGRAM/PRODUCT LINE <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">24</span>
NOTIFY CUSTOMER YES <input type="checkbox"/> NO <input type="checkbox"/> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">25</span>	NOTIFY REGULATORY AGENCY: YES <input type="checkbox"/> NO <input type="checkbox"/> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">26</span>

ENGINEERING RATIONALE / INSTRUCTIONS: 27

QUALITY ASSURANCE <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">28</span>	SIGNATURES <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">29</span>	STAMP <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">30</span>
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ACCOUNTABLE MANAGER: 31 DATE 32

# NON-CONFORMANCE DISCLOSURE REPORT (POST DELIVERY)

The numbers below correspond to the key numbers shown. The originator shall complete all entries unless otherwise indicated.

1. Get a number for the Disclosure Report from the Quality Coordinator.(This will be assigned upon receipt by Kearfott)
2. Enter name of originator.
3. Enter Part Number.
4. Enter Revision.
5. Enter Part Name.
6. Enter date.
7. Enter quantity.
8. If known enter S/N, L/N, D/C (attach separate page if necessary).
9. Enter Supplier Name
10. Enter Purchase Order Number.
11. Enter details of Nonconformance
12. Enter Date Product was shipped to Kearfott.
13. Enter Cause of Non-Conformance.
14. Enter Corrective Action that will be provided by the Supplier (this may be "TBD" if additional time is necessary to identify root cause. A plan is to be submitted that identifies actions to be taken to establish root cause.)
15. Enter C/A Assignee
16. Enter C/A Due Date
17. Enter Corrective Action (see item 14 above)
18. Supplier Quality Manager Name (Printed)
19. Supplier Quality Manager Name (Signature)
20. Kearfott Buyer signs.
21. Kearfott Purchasing Supervisor signs
22. Kearfott Comments (if any)

**THE FOLLOWING ITEMS ARE TO BE COMPLETED BY KEARFOTT QA**

23. Fill in End Items
24. Program/Product Line
25. Notify Customer (check box)
26. Notify Regulatory Agency (check box)
27. Engineering Instructions
28. Quality Assurance Signs
29. Quality Assurance Dates
30. Quality Assurance Stamps
31. Accountable Manager Signs
32. Accountable Manager Dates

## FORM APPROVAL

FORM REVIEWER	POSITION	APPROVAL SIGNATURE	DATE
RICK WISE (PROCESS OWNER)	MANAGER, QUALITY ASSURANCE	<i>Rick Wise</i>	11-7-17
HEATHER ODOM	SUPERVISOR, PURCHASING	<i>Heather Y. Odom</i>	11-7-17
DAVE HERZIG	FAA DMIR REVIEW	<i>Dave A. Herzig</i>	7 Nov '17

ISSUE	DESCRIPTION	DATE
1	AS9100: D INITIAL RELEASE	11/7/17