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|  | | | | **PRECISION AEROSPACE CORP.**  5300 Corporate Grove SE, Suite 350  Grand Rapids, MI 49512  (616)243-8112 | | | | | | | | | | |
| **PAC NC#** | | | | | | | | | | | | | nnnnn | |
| **SUPPLIER CONTAINMENT REPORT (SCR)** | | | | | | | | | | | | | | |
| **1. DATE** | **2. SUPPLIER NAME** | | | | **3. ADDRESS** | | **CITY** | | | **STATE** | | | | **ZIPCODE** |
| MM/DD/YY |  | | | |  | |  | | |  | | | |  |
| **4. ORIGINATOR NAME, TITLE** | | | | | **5. ORIGINATOR EMAIL** | | | | | | | **TELEPHONE** | | |
| Chris Weaver SQE | | | | | [cweaver@precision-aerospace.com](mailto:cweaver@precision-aerospace.com) | | | | | | | 616-608-1428 | | |
| **6. PAC PO/LINE NUMBER** | | | | | **7. PAC Job #** | | | **8. LOT QTY** | | | **9. NC QTY** | | | |
|  | | | | |  | | |  | | |  | | | |
| **10. AFFECTED** | | | | | | | | | | | | | | |
| **PART NO.** | | **REV** | **DESCRIPTION** | | | **MATERIAL** | | | **SPECIFICATION** | | | | | |
|  | |  |  | | |  | | |  | | | | | |

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| --- | --- | --- | --- |
| **11. ITEM NUMBER** | **12. PRINT ZONE** | **13. DESCRIPTION OF NONCONFORMITY** | |
|  |  | **REFERENCE:** |  |
| **SHOULD BE:** |  |
| **IS:** |  |
| **NOTES:** |  |

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| **Immediate Correction and Containment Is Required**  **Supplier to complete within (3) business days and return via email to the**  **ORIGINATOR EMAIL in box 5 above**  **Due to this escape in accordance with PAC-L100 - Purchase Order Terms and Conditions and  PAC-ST003 – Supplier Quality Requirements:**   1. **A Root Cause Corrective Action Request may be issued.** 2. **A Quality Administration Fee of $150 will be charged.** 3. **An additional Quality Fee based on the NC product value may be negotiated.** | | | | | | | | | | | | | | |
| **Determine the extent of the nonconformity (NC) and contain it to prevent additional escapes to PAC.**  **Describe below the actions taken to correct the problem in the short term.** | | | | | | | | | | | | | | |
| **1** | **Check WIP and Stores. How many parts are there, how many are good and how many nonconforming (NC)?** | | | | | | | | | | | | | |
| **Total Qty:** |  | **Qty Good:** | | |  | | | | **Qty NC** | | | |  |
| **Who verified this?** | |  | | | | | | | | | **Date:** | | MM/DD/YY |
| **2** | **What did you do immediately to make sure no additional nonconforming product leaves your facility?**  This can be a statement saying all shipments were put on hold, and Stores and WIP were checked for the issue. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Who verified this?** | |  | | | | | | | | | **Date:** | | MM/DD/YY |
| **3** | **What will you do next?**  Describe actions to be taken in the first 24 hours to bring attention to the issue and stop the nonconformity from occurring. This can include notifying personnel or immediate instruction to fix the problem short term, or stop it from escaping. Are all relevant stakeholders notified of the condition - Engineering, Manufacturing, Quality, Accounting, Top Management, Subcontractors? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Who verified this?** | |  | | | | | | | | | **Date:** | | MM/DD/YY |
| **4** | **Are there other part numbers that could be affected by the nonconformity?** | | | | | | | | | | | | | |
| **Yes** | | | |  | | **No** | |  | |  | | | |
| **Who verified this?** | |  | | | | | | | | | **Date:** | | MM/DD/YY |
| **If Yes, list them below, complete a QA-F013 Supplier Containment Report form for each additional part number at your location, and notify PAC in accordance with the PAC-ST003 subsection titled ‘NC Product Notification Required’.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Who verified this?** | |  | | | | | | | | | **Date:** | | MM/DD/YY |
| **5** | **State the containment effectivity date and Lot traceability number of the next shipment or serial number when the same part number and any additional affected part number(s) will be shipped to PAC without the noted nonconformity.** | | | | | | | | | | | | | |
| **Effectivity Date:** | | | MM/DD/YY | | | | **Traceability Number:** | | | | |  | |
| **Who verified this?** | | |  | | | | | | | | | **Date:** | MM/DD/YY |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **This section for PAC use only** | | | | | | | |
| **Reviewed by:** |  | **Date:** | MM/DD/YY | **Accepted** |  | **Rejected** |  |
| **Notes/Comments:** | | | | | | | |
|  | | | | | | | |