|  My PCB Material Disposition Report (MDR) MDR Number: Enter MDR# |
| --- |
| **Section 1 – Nonconformity Details**  |
| Initiator Print Name:Enter Initiator Name. | Issue Date: Select the issued date |
| Part Number/ Revision / Description: | Record Part Number/ Revision / Description. |
| PCB Lot Number/Serial Number(s): Record the PCB Lot Number/Serial Number. | Inspector Print Name: Print Name |
| Lot Size: Enter Qty. | Qty. Inspected.: Enter Qty. | Qty. Accepted: Enter Qty.  | Qty. Rejected.: Enter Qty. |
| Description of Product Discrepancy: Indicate specification and resulting measurements |
|  \*\***Note:** Record the Product Discrepancy evidence; provide sample(s), picture(s) or other evidence of the discrepancy to the assignee. Describe evidence provided to assignee |
| Department/Facility Responsible For Corrective Action: Record the department name.  | Select Facility Name. |
| MDR Assignee Print Name: Record Assignee name. | MDR Due Date: Select the date NCR is due. |
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| **Section 2 – Planned Actions**For a Corrective Action Plan, the Assignee is responsible for the completion of Section 2 except for the **Corrective Action(s) (C.A.) completed date and C.A. Verification Activity (C.A.V.A.)** section and must obtain Q.A. Mgr. approval **BEFORE** the due date. To close the MDR, all areas shall be completed by applicable due date (either original due date or C.A.P. due date). |
|  **Containment Decision** |
|  [ ]  **Yes** - Containment Required, verify all facilities per TA05 and confirm completed containment report filed @ [R:\Quality\Containment Sheets](file:///R%3A%5CQuality%5CContainment%20Sheets)   [ ]  **No**\* *\*****If No****, record reason here:* Record reason |
| Record Printed Name:Print Name of person verifying containment was done | Completion Date: Select the date completed |
| **Product Disposition** |
|  [ ] Use “As Is” *\*****If Use “As Is:****, record reason here:* Record reason  [ ] Rework – Verify instructions are documented below / [ ] \*Scrap/ [ ] Deviation/ [ ]  Other (specify): Define  |
| \*If scrap item is “Program,” “Export Controlled Information, ”or “ITAR”, engineer to record instructions to render item unusable and unrecognizable: Define instructions Engineer Name (Print): Enter Name. Date: D Select Date.. Date. \*Scrap mutilation to render product unusable and unrecognizable has been verified as effectively completed by: Name (Print): Enter Name. Date: Select Date.  |
|  **Material Review Board Record** (\* Four approval authorities per QA018 required for \*Program” or “ITAR” product only.) |
| Responsibility: | Disposition: | Date: |
| Purchasing Print Name: Enter Name. | [ ] Accept [ ] Reject | Select date |
| **\* Engineering** Print Name: Enter Name. | [ ] Accept [ ] Reject | Select date |
| **\* Production** Print Name: Enter Name. | [ ] Accept [ ] Reject | Select date |
| **\* Sales Print Name:** Enter Name. | [ ] Accept [ ] Reject | Select date |
| **\* Quality Assurance Print Name:** Enter Name. | [ ] Accept [ ] Reject | Select date |
| **Rework (Salvage) Instructions – Do not complete any rework transactions unless Product Disposition section is completed.**  |
| Operation/Work Center | Name of Operation and/or Description of Rework | Qty. | Employee (Print Name –or- Stamp) | Date |
| Enter Operation/Work Center | Record Instructions |  |  |  |
| Enter Operation/Work Center | Record Instructions |  |  |  |
| Enter Operation/Work Center | Record Instructions |  |  |  |
| Enter Operation/Work Center | Record Instructions |  |  |  |
| Enter Operation/Work Center | Record Instructions |  |  |  |
| Enter Operation/Work Center | Record Instructions |  |  |  |
| Enter Operation/Work Center | Record Instructions |  |  |  |
| Enter Operation/Work Center | Record Instructions |  |  |  |
| **Rework Verification Activities: Name of person verifying rework activities** |
| Record Printed NamePrint Name of person verifying rework activities was done | Completion Date: Select the date completed |
| **Root Cause:** Provide a detailed description of the cause(s) of the nonconformity by creating a Problem Statement and use “5 Whys?” method. |
| **Problem Statement:** Provide a concise description of the issue(s) that needs to be addressed.**Why?** : Click or tap here to enter text.**Why?** : Click or tap here to enter text. **Why?** : Click or tap here to enter text.**Why?** : Click or tap here to enter text.**Why?** : Click or tap here to enter text. **True Root Cause:** Record True Root Cause **Root Cause Code** (From QC Database – Closure Tab – Root Cause Selection)**:** Choose an item. |
| **Corrective Action(s) (C.A.):** Describe the action(s) to be taken to prevent the recurrence of the root cause. |
| Describe the action(s) to be taken to prevent the recurrence of the nonconformity.**C.A. Completed Date:** Date. |
| **C.A. Verification Activity (C.A.V.A.):** Record objective evidence confirming Corrective Action(s) are effectively implemented.  |
| Provide a summary of the verification activities performed to confirm corrective action implementation and effectiveness of actions taken to prevent recurrence. Record objective evidence confirming corrective action(s) are effectivelyimplemented.**Date of Verification**: Date. |
| \*\*\*fOR a “**Corrective Action Plan (C.A.P.)**” Complete this section\*\*\*This area may be left blank if no “Corrective Action Plan” is utilized |
| **Assignee - Print Name & Date:** Assignee Name. Date. |  **C.A.P. Due Date:** Date. | **Quality Manager Approval - Print Name & Date:** Q.A. Manager. Date. |
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| **Section 3 – QUALITY MANAGEMENT REVIEW AND DISPOSITION** |
|  **NCR VERIFICATION AND CLOSURE** | **Q.A. Manager - Print Name & Date:** Q.A. Manager. Date. | **6 Month Follow Up?**[ ]  Yes[ ]  No |
| Disposition Status:[ ] Corrective Action Closed [ ]  Rejected (returned to assignee for correction) Review Notes: Enter notes  |