| 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. | | | | | |
|  | | | | | | | | | | | | | | |
| **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:\Quality\Containment%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. | | | | |
|  | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | |