# 1) 1PURPOSE: This user guide describes how to complete and process form QA020 to document a Material Disposition Report (MDR).

**2) SCOPE:** An MDR is used to document nonconforming material from an internal supplier, and initiate the material disposition, problem root cause, correction and corrective action.

**3) PROCEDURE:** PROCESSING THE MDR FORM

**Section 1** - **Nonconformity Details:** To be completed by Initiator

1. Record MDR number (obtained from Quality 2k Database)
2. Record initiator printed name and date issued.
3. Record Part Number, Revision and Description,
4. Record PCB Lot Number/Serial Number(s), Inspector (record printed inspector name)
5. Record Lot Size, Qty. Inspected, Qty. Accepted and Qty. Rejected
6. Record Description of Product Discrepancy (indicate specification and resulting measureme
7. Provide Evidence of Product Discrepancy of supporting evidence, .ie. parts, pictures or other evidence
8. Record Department/Facility Responsible For Corrective Action
9. Record MDR Assignee Printed Name and a due date commensurate with severity or urgency of nonconformance that shall not exceed 30 days.
   * At a minimum, the Containment Decision, Product Disposition, Status of Root Cause Analysis and Corrective Action sections must be completed by the MDR Due Date.
   * Note: A copy of the MDR form must remain with nonconforming material while held in a “Nonconforming Product Hold Area” and during any subsequent processing, handling or transfer.

Upon completion of section 1 of QA020 and entry into the Quality 2K Database, the initiator shall email a digital copy of the QA020 to both the Assignee of the MDR and the Quality Manager. If a containment is required, Quality Engineering must be CC’d on the email. Quality department retains digital copies of the QA020 per requirements defined in Document Index CS002.

**Section 2** - **OrganiZation’s Planned Actions**

This section is to be completed by the MDR Assignee by the assigned due date for gaining a response from the organization in relation to containment, product disposition, correction, root cause, and corrective action and planned completion dates; expand the form, as needed.

Containment Decision:

1. Check appropriate box to indicate whether a containment was required.
   1. If yes:
      1. Verify all facilities per TA05 and confirm completed containment report filed @ R:\Quality\Containment Sheets
      2. Print name of person verifying containment was done and completion date
   2. If no: containment iss required:
      1. MDR Assignee must record the reason why product was not required to be contained.
      2. MDR Assignee records their printed name and completion date.

Product Disposition:

1. Record the product disposition decision on the MDR form.
2. Note the special instructions on the form:
   1. “Use-as-is” disposition must provide reasoning for using item as is.
   2. “Rework” disposition: Record rework instructions in Rework (Salvage) Instructions section after MRB section
   3. “Scrap” disposition: If a “Program,” “Export Controlled Information,” or “ITAR” product, the items must be rendered unusable and unrecognizable.
      1. An Engineer must provide instructions on how to render item unusable and unrecognizable. These instructions are recorded on the MDR form. Record printed Engineers name and date.
      2. The person who verified that the item was rendered unusable and unrecognizable must also record printed name and date on the MDR form.
   4. NOTE: If a TA081 form was previously initiated and approved by the Material Review Board then a copy of the TA081 can be attached and the MDR can state “see attached TA081” in the Material Review Board Record.
3. For a “Program” or “ITAR” product, a minimum of four printed names per QA018 are required for disposition approval.

Rework (Salvage) Instructions: To be completed by MDR Assignee

1. Instructions shall be recorded if “Rework” disposition was selected in Product Disposition section

Rework Verification Activities:

1. Record Printed Name of person verifying rework activities and Date completed.

Root Cause Analysis:

1. Record a Problem Statement and a five why analysis resulting in the true root cause found
2. Record **True Root Cause** (i.e. Why was obligation not fulfilled? Do not just repeat the problem statement.)
3. Select the Root Cause Code from the drop down box taken from QC database – Closure Tab – Root Cause Selection
4. Note: A separate five why analysis (or other suitable root cause analysis tool) should be completed for each discrepancy noted. In most cases, documenting “isolated case” or “lack of instruction” is not appropriate, as there are system causes in other domains *(e.g. insufficient supporting or management processes)*. Use attachments only if more than one Problem Statement/Root Cause is in effect.

Corrective Action:

1. Record the actions taken to **address the root cause(s**) to prevent the product discrepancy from recurring. The Assignee should also investigate whether these actions should be applied to similar products and/or processes.
2. Record date Corrective Action is completed
   1. If the Corrective Action **cannot** be implemented prior to the Due Date then leave the date blank and record the planned date when the Corrective Action will be implemented in the “ For a Corrective Action Plan (C.A.P.) section along with the Assignees name
   2. Forward MDR form to the Quality Manager for approval.
      1. Once approved, the MDR Assignee shall make a copy to be retained in the QA Department and Assignee retains the original copy to document Corrective Action date and verification.

Corrective Action Verification:

1. Record evidence confirming that the corrective action has been implemented per the form instructions.
2. Record the completion date.
3. Submit the completed form to the Quality Manager for closure.

Corrective Action Plan (C.A.P.)

1. This section may be left blank if no “Corrective Action Plan” is utilized
   1. If the Corrective Action **cannot** be implemented prior to the due date then leave the Corrective Action Plan date blank and record the planned date when the Corrective Action will be implemented along with the Assignees name
   2. Forward MDR form to the Quality Manager for approval.
      1. Once approved, the MDR Assignee shall make a copy to be retained in the QA Department and retains the original copy to document Corrective Action date and verification.
   3. Note: MDR is considered **“Open”** until the Corrective Action and Corrective Action Verification sections are completed.

Upon completion of Section 2, the MDR Assignee shall forward the completed digital copy of the QA020 to Quality Management for the QA020 to be reviewed and closed in the Quality 2k Database.

**Section 3** - **QUALITY MANAGEMENT REVIEW AND DISPOSITION**

Quality Management Review and Disposition: To be completed by Quality Management

1. Per form instructions, quality management representative reviews content for compliance and records disposition. If Disposition is “Closed” then the form is forwarded to Administration to have the data recorded in the Quality 2k database. The completed digital copy of the MDR shall be retained per requirements of CS002 Document Index.
   1. If Disposition is “Rejected” then the MDR is returned to the MDR Assignee with instructions for correction/clarification.
   2. Quality Management determines if a 6 Month Follow-Up is required.
   3. Record Printed Name and Date