

Ash Fall Project
AFP-AP-11, Attachment B
Instructions for Filling out the Contractor Nonconformance Request

Contractor completes Blocks 1 through 13 excluding 10a.

- (1) Name of Ash Fall Project (Requestor) Contract Specialist.
- (2) Contractor's name and address.
- (3) Contract Number, Subcontract Number, or Purchase Order Number.
- (4) Drawing number/revision that relates to the subject item.
- (5) Description of item(s).
- (6) Unique identification directly related to the item/service.
- (7) Indicate previous CNRs (if any).
- (8) State how many items.
- (9) Describe the reason for this CNR.
- (10) What is the root cause, corrective action being taken to correct the condition, date (effective) when corrective action will be completed.
- (11) State the requested disposition (i.e., accept as is, repair, etc.).
 - a. Give justification on why the requested disposition should be taken.
- (12) Identify any attachments to this CNR (i.e., drawing, spec., etc.).
- (13) Signature of Contractor's authorized representative and the date.

Ash Fall Project Personnel completes Blocks 10a through 17, excluding Customer signature/date in Block 16.

- (10a) Signature and date of QA Lead (from a source test/inspection/surveillance activity).
- (14) Completed by Ash Fall Project personnel.
- (15) Check the appropriate block.
- (16) Project
 - QA Lead
 - Procurement or
 - Subcontracts or
 - Ash Fall Project/Technical Staff
 - Customer Representative
- (17) CNR closeout made by the QA Lead.