|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Collins VMRR #: |  | Supplier’s Rejection # (optional): |  | Date: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Part #: |  | Revision: |  | Part Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Disposition of Deviation | APPROVED |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Request for Information | APPROVED |

|  |  |
| --- | --- |
| City/State/Zip: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Originator: |  | PO#: |  | Job#/Lot#/Heat#: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Serial #: |  | Quantity of Affected Parts |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of Nonconformance** | | | | **Collins Disposition** | | | |
| **Item #** | **Characteristic** | **Location** | **Deviation** | **Use As Is** | **Repair** | **ECO Required** | **Scrap** |
|  |  |  |  |  |  |  |  |
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| --- | --- |
| Corrective Action Proposed: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supplier Signature: |  | Title: |  | Date: |  |
| Supplier QA Signature: |  | Title: |  | Date: |  |

|  |
| --- |
|  |

Disposition from ISR & Space Solutions, Danbury

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nonconformance(s) Affects: | Form | Fit | Function | Other | No Effect |

Proposal from Supplier is:

|  |  |
| --- | --- |
|  | APPROVED |
|  | DISAPPROVED – Perform corrective action written below |
|  | DISAPPROVED – No corrective action proposed by ISR & Space Solutions, Danbury |

|  |  |
| --- | --- |
| Corrective Action: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Engineering Signature: |  |  | Date |  |
| Quality Signature: |  |  | Date |  |
| Reliability Signature |  |  | Date |  |
| Customer Signature: |  |  | Date |  |
| Other Signature: |  |  | Date |  |

**Instructions for filling out Vendor Material Review Request**

1. ***(Collins)****-* ***NCM #*** *-Filled in when VMRR is entered into NCM database. (Collins Quality Engineer*)
2. ***(Supplier)***- **Suppliers Rejection #- (optional)** - Entered by supplier if applicable.
3. ***(Supplier)***- **Date**- Date VMRR is generated
4. ***(Supplier)***- **Part #** Enters Part # of highest level drawing affected.
5. ***(Supplier)***- **Revision-** Fills in the Revision level of the affected drawing.
6. ***(Supplier)***- **Part Name**- Enters nomenclature of the affected part.
7. ***(Supplier)***- **Company Name**- Enter name and address of affected facility.
8. ***(Supplier)***- ***Disposition of Deviation***- Check box when disposition is required.
9. ***(Supplier)***- ***Request for Information –***Check box if requesting information pertaining to material review. (possibly avoiding disposition)
10. ***(Supplier)***- **Originator-** Enter a name for the internal point of contact that can provide Goodrich personnel with information relating to the Non Conformance.
11. ***(Supplier)***- **PO-** Enter Purchase Order number.
12. ***(Supplier)***- **Job/Lot/Heat#-** Enter a Job, Lot or Heat Number that will show parts are all from a single manufacturing run.
13. ***(Supplier)*- Serial #-** Enter Serial Number if applicable.
14. ***(Supplier)***- **Quantity of affected parts**- Enter number of parts the Non Conformance has affected.
15. ***(Supplier)*- Item #-** Entersequential item numbers for each identified Non Conformance.
16. ***(Supplier)***- **Characteristic-** Enter what the drawing/specification characteristic is called out as.
17. ***(Supplier)***- **Location-** Enter the Drawing zone, special note or MOS/Routing Procedural step, etc.
18. ***(Supplier)***-**Nonconformance-**Record the as is condition that is being considered.
19. ***(Collins)****-****Collins******Disposition-*** *Collins**Material Review Board shall determine the Disposition of the NCM, and record it here.*
20. (***Supplier)***- **Corrective action Proposed**- Supplier recommends solution to nonconformance issue.
21. ***(Supplier)***- **Supplier Signature**- Actual signature of authorized representative.
22. ***(Supplier)-*Title-** Title of authorized representative.
23. ***(Supplier)-*Date-**
24. ***(Supplier)-*Supplier QA Signature-** Actual signature of Quality Assurance Representative.
25. ***(Supplier)-*Title-** Title of authorized Quality representative.
26. ***(Supplier)-*Date-**
27. ***(Collins)****-****Disposition from Collins-*** *Lower section of Form completed by* ***Collins.***

