



SUPPLIER NONCONFORMANCE APPROVAL REQUEST

Ontic Buyer:
Supplier Name:
Ontic P/N:
P.O. No.:

Line No:

Lot Size:

Qty Rej :

Ontic SNAR# _____

Date: _____

Rev: _____

Ontic Furnished Material: Yes No

All fields must be completed

Specification/Drawing Requirement:

Description of Nonconformance:

Root Cause of this Discrepancy:

Action Taken to Correct Root Cause:

Preventive Action:

Effective Date

Signature and Title of Supplier Representative

Date

Note: Approved copy must accompany every shipment of affected part

Ontic Use Only

Government/Customer contract number: _____

Ontic MRB authority verification: _____

Approved:

Disapproved:

Justification: (Full Engineering disposition rationale required):

Quality Signature

Date

Engineering Signature

Date

Both Signatures are required to be valid