



Uranium Processing Facility Construction Nonconformance Report (NCR)

UPF NCR NO.: _____

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Title:			
SSC Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Date:	Quality Level: Q <input type="checkbox"/> RS <input type="checkbox"/> CC <input type="checkbox"/>
Affected Drawings /Requirements / Other SSC's (Document No.)		Rev	Item ID /IR No./ Item No.
Item Description:			
Item Location:		PO / Contract No.:	Supplier / Subcontractor:
Nonconforming Condition Description (<i>Continue on page 2 as needed</i>)			
Initiator:		Date:	
Validation Authority Approval:			Date:
Hold Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No		Tag No.:	Date Applied:
Disposition Authority Approval :			Date:
Interim Disposition with the following limitations needed: <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Continue on page 2 as needed</i>)			
Conditional Release (CR) with the following limitations applicable: <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Continue on page 2 as needed</i>)			
CR Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No		Tag No.:	Date Applied:
Initiator:		Date:	
Validation Authority Approval:			Date:
Recommended Disposition: <input type="checkbox"/> Rework <input type="checkbox"/> Repair <input type="checkbox"/> Use As Is <input type="checkbox"/> Reject <input type="checkbox"/> Other			
Disposition by:			Date:
Responsible Quality Organization Inspection required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Disposition Authority Concurrence:			Date:
Project / Resident Engineering (PEM / REM) Approval required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Final Disposition: <input type="checkbox"/> Rework <input type="checkbox"/> Repair <input type="checkbox"/> Use As Is <input type="checkbox"/> Reject <input type="checkbox"/> Other			
Document(s) Affected? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Design Change Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Document No.	Rev
REM / PEM Approval:			Date:
Disposition Authority Approval:			Date:
Responsible Quality Organization (RQO) Concurrence:			Date:
PAAA Enforcement Screening – per Y76-001: <input type="checkbox"/> Yes <input type="checkbox"/> No			Date:
Closure Verification Document:			
Inspection Record? <input type="checkbox"/> Yes <input type="checkbox"/> No		Document No.:	Rev
Implemented by:			Date:
RQO Verified by:			Date:
Local Construction Controllable Code No.	Vendor, Shop or Contractor Controllable Code No.	UPF Project Controllable Code No.	Problem Discipline Categories Code No.



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Title:	Date:	
Nonconforming Condition Description (continued):		
Interim Disposition with the following limitations needed:		
Conditional Release with the following limitations applicable:		
Responsible Individuals Recommended Disposition:		
Engineering Disposition		
Final Disposition:		