

Supplier's
Rejection #
ISR VMRR #: _____ (optional): _____ Date: _____

Part #: _____ Revision: _____ Part Name: _____

Company Name: _____ Disposition of Deviation

Address: _____ Request for Information

City/State/Zip: _____

Originator: _____ PO#: _____ Job#/Lot#/Heat#: _____

Serial #: _____ Quantity of Affected Parts _____

Description of Nonconformance				ISR Disposition			
Item #	Characteristic	Location	Deviation	Use As Is	Repair	ECO Required	Scrap
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrective Action Proposed: _____

Supplier Signature: _____ Title: _____ Date: _____

Supplier QA Signature: _____ Title: _____ Date: _____

Disposition from ISR Systems, Danbury

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

Add appropriate export Classification marking in this area when data is added to form. _____

This document or file does not contain any export controlled technical data.

Proposal from Supplier is:

- APPROVED
- DISAPPROVED – Perform corrective action written below
- DISAPPROVED – No corrective action proposed by ISR Systems, 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. **(ISR)- NCM #** -Filled in when VMRR is entered into NCM database. (ISR 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 #**- Enter sequential 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. **(ISR)-ISR Disposition**- *ISR 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. **(ISR)-Disposition from ISR**- Lower section of Form completed by ISR.

ISR Systems Vendor Material Review Request Page 1 of 1

ISR VMMR #:	1.	Supplier's Rejection # (optional):	2.	Date:	3.
Part #:	4.	Revision:	5.	Part Name:	6.
Company Name:	7.			<input type="checkbox"/> 8. Disposition of Deviation	
Address:				<input type="checkbox"/> 9. Request for Information	
City/State/Zip:					
Originator:	10.	PO#:	11.	Job#/Lot#/Hes#:	12.
Serial #:	13.	Quantity of Affected Parts	14.		

Description of Nonconformance				19. ISR Disposition			
Item #	Characteristic	Location	Deviation	Use As Is	Repair	ECO Required	Scrap
15.	16.	17.	18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[]	[]	[]	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[]	[]	[]	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[]	[]	[]	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[]	[]	[]	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrective Action Proposed: **20.**

Supplier Signature:	21.	Title:	22.	Date:	23.
Supplier QA Signature:	24.	Title:	25.	Date:	26.

27.
Disposition from ISR Systems, Danbury

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

Proposal from Supplier is:

<input type="checkbox"/> APPROVED
<input type="checkbox"/> DISAPPROVED – Perform corrective action written below
<input type="checkbox"/> DISAPPROVED – No corrective action proposed by ISR Systems, Danbury

Corrective Action: []

Engineering Signature:	[]	Date	[]
Quality Signature:	[]	Date	[]
<input type="checkbox"/> Reliability Signature	[]	Date	[]
<input type="checkbox"/> Customer Signature:	[]	Date	[]
<input type="checkbox"/> Other Signature:	[]	Date	[]