AS9100 Store
QUALITY FOR AEROSPACE

F-740-002-A
Supplier Corrective Action Report

Date:		Report No.:

Part / Item:	Part No.:
Dept. / Vendor:	Job No. / PO No.:
Qty. Rejected:	Serial/Batch Nos.:

DESCRIPTION OF NONCONFORMANCE

	Identified By (Signature / Date):

Date:	**DISPOSITION**	

Rework ❒ Use AS-IS ❒ Repair ❒ Regrade ❒ Scrap ❒

Remarks:

Approved (Signature / Date):	Approved (Signature / Date):	Approved (Signature / Date):

Due Date:	**CLOSEOUT**	

Customer Authorize: Yes ❒	Customer Authorization Ref.:
Reinspected: Yes ❒	Inspection Report No.:
Corrective Action:: Yes ❒	Corrective Action No.:
Approved (Signature / Date):	Approved (Signature / Date):