



MASSACHUSETTS INSTITUTE OF TECHNOLOGY  
 Kavli Institute for Astrophysics and Space Research  
**NONCONFORMING MATERIAL REPORT**

Originator: \_\_\_\_\_ Date: \_\_\_\_\_ Project: \_\_\_\_\_ NMR#: \_\_\_\_\_

| PRODUCT DETAIL |      |       | QUALITY ASSURANCE |       |  |
|----------------|------|-------|-------------------|-------|--|
| Description:   | P/N: | Rev.: | Name:             | Date: |  |

| PROCUREMENT DETAIL |      |          |       |       |  |
|--------------------|------|----------|-------|-------|--|
| Supplier:          | PO#: | Contact: |       |       |  |
| L/N:               | S/N: | #RECD:   | #ACC: | #REJ: |  |

| FAILURE/DISPOSITION DETAIL |     |             |                |             |
|----------------------------|-----|-------------|----------------|-------------|
| ITEM#                      | QTY | DESCRIPTION | NONCONFORMANCE | DISPOSITION |
|                            |     |             |                |             |
|                            |     |             |                |             |
|                            |     |             |                |             |
|                            |     |             |                |             |

*Disposition categories: Rework, RTV, Scrap, \*Repair, \*Use As Is*

| MRB DETAIL        |          |      | N/A <input type="checkbox"/> |
|-------------------|----------|------|------------------------------|
| GROUP             | APPROVAL | DATE |                              |
| Quality Assurance |          |      |                              |
| Engineering:      |          |      |                              |
| Engineering:      |          |      |                              |
| Other:            |          |      |                              |

| CAUSE/CORRECTION DETAIL |            |                   |
|-------------------------|------------|-------------------|
| ITEM#                   | ROOT CAUSE | CORRECTIVE ACTION |
|                         |            |                   |
|                         |            |                   |
|                         |            |                   |
|                         |            |                   |

| REWORK/REPAIR DETAIL |                        |             |      |      |
|----------------------|------------------------|-------------|------|------|
| Eng. Preapproval     | Name: _____            | Date: _____ |      |      |
| OP#                  | OPERATION INSTRUCTIONS | TECH        | DATE | INSP |
|                      |                        |             |      |      |
|                      |                        |             |      |      |
|                      |                        |             |      |      |
|                      |                        |             |      |      |
|                      |                        |             |      |      |
|                      |                        |             |      |      |
|                      |                        |             |      |      |
|                      |                        |             |      |      |

| QA APPROVAL/CLOSURE |             |
|---------------------|-------------|
| Name: _____         | Date: _____ |