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| --- | --- | --- | --- |
| C:\Users\6157\Desktop\Leonardo_HELICOPTERS.jpg | **NON CONFORMITY REPORT (NCR)** | **NCR No.** | **QA- 1** |
| **Supplier / Organisation** | **2** | **SAP Code** | **3** |
| **Reference QRS-XXX Module** | **4** | **Paragraph** | **5** |
| **Area / Subject** | **6** | **Date** | **7** |
| **Category 8** (circle one only) | **Description of the Non-Conformance** |
| **Level 1** | **9** |
| **Level 2** |
| **Level 3** |
| **Preventive Action Only** |
| **Team Leader Name & Signature** | **Auditor Name & Signature** | **Supplier / Organisation Representative Name & Signature** |
| **10** | **11** | **12** |
| **The Supplier / Organisation must complete this NCR with root cause analysis, containment action, corrective / preventive action and planned completion date of the corrective / preventive action, as requested. The completed NCR form must be submitted to Leonardo Helicopters Supplier Quality Assurance in due time.** |
| **Root Cause Analysis**

|  |  |
| --- | --- |
| 1 WHY (mandatory) |  |
| 2 WHY (mandatory) |  |
| 3 WHY (mandatory) | **13** |
| 4 WHY |  |
| 5 WHY |  |

 |
| **Containment Action****14** | **Planned Completion Date** |
| **16** |
| **Corrective / Preventive Action** (delete as necessary)**15** | **Planned Completion Date** |
| 16 |
| **Supplier / Organisation Representative Name** | **Signature** | **Date** |
| **17** | **18** | **19** |
| **Leonardo Helicopters acceptance of the proposal submitted above by the supplier** |
| **Auditor Name** | **Signature** | **Date** |
| **20** | **21** | **22** |

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| --- |
| **Verification of the implementation of the completed Corrective / Preventive action by the assessed Supplier / Organisation** |
| **Supplier / Organisation Representative Name** | **Signature** | **Date** |
| **23** | **24** | **25** |

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| --- |
| **Verification of the implementation of the completed Corrective Action by Leonardo Helicopters Supplier Quality Assurance** |
| **Verification Date** | **Accepted 27** | **Name 28** | **Signature 29** |
| **26** | **Yes** |  | **No** |  |  |  |

**NCR FORM FILLING INSTRUCTIONS**

|  |  |
| --- | --- |
| Box 1 | Corrective Action Request Number |
| Box 2 | Supplier Company Name |
| Box 3 | **LH** Internal Identification Number for the Supplier |
| Box 4 | NCR Reference QRS-XXX Document. Supplemental documents/standards, in addition to QRS-XXX, can be identified where applicable (e.g. 9100:2018) |
| Box 5 | NCR Reference QRS-XXX Paragraph. In case also other supplemental documents/standards are identified (in addition to QRS-XXX), they must be recalled again in this box, together with the paragraph number, for clarity. |
| Box 6 | Identify NCR subject /description |
| Box 7 | Audit Date (or date the NCR was issued, if outside an audit) |
| Box 8 | NCR Level |
| Box 9 | Finding Description |
| Box 10 | **LH** Audit Team Leader Name and Signature |
| Box 11 | **LH** Auditor Name and Signature |
| Box 12 | Supplier Representative Name and Signature |
| Box 13 | Root Cause Analysis: a minimum of 3 levels of Whys are mandatory  |
| Box 14 | Containment Action Definition |
| Box 15 | Corrective/Preventive Action Definition |
| Box 16 | Expected Closure Date. This Date *shall* not be exceeded |
| Box 17 | Supplier Name after definitions of Containment and Corrective/Preventive Actions  |
| Box 18 | Supplier Signature after definitions of Containment and Corrective/Preventive Actions  |
| Box 19 | Date of Definitions of Containment and Corrective/Preventive Actions |
| Box 20 | Auditor Definitions Acceptance Name |
| Box 21 | Auditor Definitions Acceptance Signature |
| Box 22 | Auditor Definitions Acceptance Date |
| Box 23 | Supplier Name after implementation of Containment and Corrective/Preventive Actions |
| Box 24 | Supplier Signature after implementation of Containment and Corrective/Preventive Actions |
| Box 25 | Supplier Date of implementation of Containment and Corrective/Preventive Actions. This date *shall* not exceed the Corrective/Preventive Action Expected Closure Date |
| Box 26 | Closure Acceptance Date |
| Box 27 | Confirmation of Acceptance |
| Box 28 | Auditor Name of Acceptance of Closure |
| Box 29 | Auditor Signature of Acceptance of Closure |