

Users to complete steps 1-27 and distribute in accordance with line 1. Note: Signatures are not required if this document is distributed via email, since approval is assumed via the email review process. Contact LCLS QA Rep. Tom Barsz at 630-252-9177 for assistance.

1. REPORT DISTRIBUTION: **LCLS QA Database, M. Oprondek, G. Lawrence, M. White, E. Trakhtenberg**

 <p>Report of Nonconformance</p>	2. PAGE 1 of 1	3. REPORT NO: LCLS - 473 Report Status: <u>Open</u>
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4. ITEM, SERVICE, OR PROCESS Material Certifications	5. BUILDING & ROOM WHERE INSPECTED B401, C4243	6. DATE OF REPORT 10/20/2005
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7. PROJECT NO.	8. SYSTEM or ACTIVITY NAME Strongback	9. DRAWING OR PART NO. L143-00030	10. REJECTION CRITERIA SOW	11. REQ./ACL NO. E5-020020.1
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12. SAMPLE QTY. 6	13. LOT SIZE 6	14. QTY. ACCEPTED 0	15. QTY. NOT ACCEPTED 6	16. P.O. NUMBER 5A-04889	17. P.O. LINE #'s 1	18. SUPPLIER REF NO. unknown
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19. SUPPLIER NAME Dial Machine, Inc	19A. ANL Supplier Code none	20. LOT, SERIAL, OR HEAT NO. unknown
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21. ITEM NO.	22. NONCONFORMANCE CONDITIONS (Brief statement of fact describing conflict with contract requirements)	23. ACTIONS TO BE TAKEN ON NONCONFORMANCE (ex: "Accept As Is", "Reject", "Return", "Rework", "Reinspect", or other)
1	The supplier has not provided certification that the forgings have been inspected or tested in accordance with ASTM B381 Grade F2 as required by section 4.1.1 of the SOW.	Supplier to provide certification or reconcile in accordance with the SOW required standard.
2	The supplier has not provided certification that the forgings were annealed according to AMS-H-81200A or provided copies of the temperature profiles as required by section 4.1.2.2 of the SOW.	Supplier to provide required documentation.
3	The heat number on the mill certificate provided by the supplier is not clear because the language on the mill certificate is Russian.	Supplier to provide clarification.

24. NAME OR SIGNATURE OF PERSON WHO DISCOVERED NONCONFORMANCE CONDITION <i>T. Barsz</i> _____ <i>G. Lawrence</i> _____	10/18/2005 _____ DATE 10/20/2005 _____
25. NAME OR SIGNATURE OF PERSON WHO PROVIDED ACTIONS TO TAKEN <i>M. White</i> _____	_____ DATE
26. NAME OR SIGNATURE OF RESPONSIBLE LCLS ACCOUNT MANAGER <i>T. Barsz</i> _____	_____ DATE 10/20/2005 _____
27. NAME OR SIGNATURE OF PROJECT LCLS QUALITY ASSURANCE COORDINATOR _____	_____ DATE

28. REINSPECTION REQUIRED <input type="checkbox"/>	QTY. ACC	QTY. NOT ACCEPTED	NEW REPORT NO.	BLDG./ROOM	RE-INSPECTED BY/DATE
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29. CAUSE OF NONCONFORMANCE: Cause External to LCLS Cause Internal to LCLS

To be determined by the supplier

SIGNATURE OR NAME OF PERSON WHO IDENTIFIED CAUSE

DATE