

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

1. REPORT DISTRIBUTION: T.Barsz, M. Oprondek, M. White, G. Lawrence, E. Trakhtenberg

		2. Report Date 4/10/2007	3. REPORT NO: 479
Report of Nonconformance		4. PAGE <u>1</u> of <u>1</u>	
5. ITEM, SERVICE, OR PROCESS First Article Titanium Strongback		6. BUILDING & ROOM WHERE INSPECTED Dial Machine	
7. PROJECT NO. UN33_10070	8. SYSTEM or ACTIVITY NAME Strongback	9. DRAWING OR PART NO. L143-110700-07	10. REJECTION CRITERIA Drawing
12. LOT SIZE 20	13. SAMPLE SIZE 1	14. QTY. ACCEPTED 0	15. QTY. NOT ACCEPTED 1
19. SUPPLIER NAME Dial Machine, Inc		16. P.O. NUMBER 5A-04889	17. P.O. LINE #'s 1
		11. REQ./ACL NO. E5-020020.1	
21. ITEM NO.	22. NONCONFORMANCE CONDITIONS (Brief statement of fact describing the conflict with contract requirements)	23. ACTIONS TO BE TAKEN ON NONCONFORMANCE (ex: "Accept As Is", "Reject", "Return", "Rework", "Reinspect", or other)	
1	The supplier did not use datum A as the primary datum when inspection the .16mm True Position of the 15.0mm diameter C'Bores, as required by ANSI Y14.5 M section 4.5.1, the supplier used a theoretical center plane instead.		
2	The supplier did not transfer the alignment the Strongback using 4 tooling balls as recommended during the first article acceptance.		
3	The supplier did not inspect the Strongback in the vertical position as recommended during the first article acceptance.		
4	The supplier did not verify the .1 perpendicularity with a height gage or indi-square as recommended during the first article acceptance.		
5	The supplier did not verify the size of gage used to verify the 167.00 +.05/0.00 mm dimension using calibrated gage blocks as recommended during the first article acceptance.		
6	The gage blocks used were not calibrated as recommended during the first article acceptance.		

T. Barsz

1/25/2006

24. NAME OR SIGNATURE OF PERSON WHO DISCOVERED NONCONFORMANCE CONDITION

DATE

25. NAME OR SIGNATURE OF PERSON WHO PROVIDED ACTIONS TO BE TAKEN

DATE

26. NAME OR SIGNATURE OF RESPONSIBLE LCLS ACCOUNT MANAGER

DATE

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**

SIGNATURE OR NAME OF PERSON WHO IDENTIFIED CAUSE

DATE