

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. Opondek, M. White, G. Lawrence, E. Trahktenberg**

 <p>Report of Nonconformance</p>	2. PAGE 1 of 1	3. REPORT NO: LCLS - 475 Report Status: Closed
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4. ITEM, SERVICE, OR PROCESS First Lot of Magnet Poles				5. BUILDING & ROOM WHERE INSPECTED Hi-Tech		6. DATE OF REPORT 7/7/2006	
7. PROJECT NO.		8. SYSTEM or ACTIVITY NAME Undulator		9. DRAWING OR PART NO. L143-110105		10. REJECTION CRITERIA Drawing	11. REQ./ACL NO. E5-026046.2
12. SAMPLE QTY. 1	13. LOT SIZE 480	14. QTY. ACCEPTED 0	15. QTY. NOT ACCEPTED 950	16. P.O. NUMBER 5A-05150		17. P.O. LINE #'s 1	18. SUPPLIER REF NO.
19. SUPPLIER NAME Hi-Tech Manufacturing Inc				19A. ANL Supplier Code 0005647		20. LOT, SERIAL, OR HEAT NO.	

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 did not inspect the 6.00 +.00/-.05 dimension per ANSI Y14.5 M section 2.7.1.2(a). The supplier established one side of the size boundary using 3 coplanar pins instead of a flat surface and may have omitted the highest points from its measurement process.	Accept as is. Supplier to use this lot of poles for its assembly of the LCLS Magnet Assembly and send the next lot of poles to Metalex after adding the flatness measurement mentioned below.
2	The supplier reported that the annealing process had caused the surface contacting the pins to become .004mm concave thereby adding to the measurement uncertainty.	Accept as is. Supplier to add a flatness measurement to its CMM inspection program as a way of monitoring the measurement uncertainty introduced by the 3 pin method.

24. NAME OR SIGNATURE OF PERSON WHO DISCOVERED NONCONFORMANCE CONDITION <i>T. Barsz</i>	11/11/2005 DATE
25. NAME OR SIGNATURE OF PERSON WHO PROVIDED ACTIONS TO BE TAKEN G. Lawrence	11/15/2005 DATE
26. NAME OR SIGNATURE OF RESPONSIBLE LCLS ACCOUNT MANAGER M. White	11/15/2005 DATE
27. NAME OR SIGNATURE OF PROJECT LCLS QUALITY ASSURANCE COORDINATOR T. Barsz	11/15/2005 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

Supplier did not fully understand the ANSI Y14.5M standard. Supplier adjusted CNMM program to correct the problem.

T. Barsz SIGNATURE OR NAME OF PERSON WHO IDENTIFIED CAUSE	11/11/2005 DATE
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