GENERAL ATOMICS
ELECTROMAGNETICS

Supplier Disposition Request

Process in accordance with EMS-QAP-04

*This form must be filled out completely with no blanks**. If a section is not applicable, mark "N/A" or strike through.*

Instructions for filling out form fields listed on the pages following this form. **Shaded fields to be filled out by GA-EMS.					
(2) SDR Number & Revision:			**(3) Date:**		
(4) Supplier Information:	**(5) Related Notification:**		**(6) CSI/CAI:**	**(7) CFR:**	
(8) Part Name:	**(9) Part/Drawing Number:**			**(10) Revision:**	
(11) Classification (priority):	**(12) Location:**	**(13) HWCI Number & Name:**			
(14) Contract No:	**(15) Contract Delivery Item No:**	**(16) WBS:**	**(17) Project No:**		
(18) Purchase Order & Item Number:	**(19) Network-Operation ACC:**	**(20) Lot Size:**	**(21) Qty. Inspected:**	**(22) Qty. Rejected:**	
(23) Initiator (print name):	**(24) External Reference NO:**	**(25) Nonconformance Responsibility:**			
(26) Effect on Contract Cost/Price:					
(27) Effect on Delivery Schedule:					
(28) Effect on Logistics Support, Interface, or Software:					
(29) Additional Information:					

This form must be filled out completely with no blanks. If a section is not applicable, mark "N/A" or strike through.

Instructions for filling out form fields listed on the pages following this form.		
(30) Serial Number(s):		
(31) Requirements (description): *Drawing or Specification Number & Revision:* *Zone or Location:* *Find Number from Item List:* *Requirement to Meet:* *CSI/CAI:* *Attachment Number:* *Document Number & Revision (MWI/ATP):* *Affected Serial Number(s) (if applicable):*		
(32) Nonconforming Condition (text):		
(33) Disposition, Final Condition, and Technical Justification:		
(34) Cause of Discrepancy:		
(35) Corrective Action (execution):		
(36) Supplier Author (print name):	**(36a) Supplier Author (signature):**	**(36b) Supplier Author (email / phone):**

FORM INSTRUCTIONS (FOR SUPPLIER)

1. *These instructions need not be included when submitting the completed form.*
2. *Do not paste images into the body of this form. Include any images as a PDF file attachment that is referenced in the body of the form. Embedded PDF files are acceptable.*

Field #	Field Name	Field Description
2	SDR Number & Revision	The supplier disposition request (SDR) number consists of two parts. The first part is the GA-EMS purchase order number, and the second part is a three-digit sequential number (for each purchase order) that is assigned by the supplier, who manages a supplier disposition request number log to avoid duplication or gaps. A revision letter is used to indicate subsequent revisions of the supplier disposition request.
3	Date	The date of occurrence or discovery of the manufactured item nonconformance, design modification, or information request.
4	Supplier Information	The name of the supplying organization on the GA-EMS purchase order and the address of the supplier manufacturing facility.
5	Related Notification	The quality notification (QN) number(s) of previous quality notifications that apply to the manufactured item covered by the supplier disposition request (SDR) that had similar causes and/or affected other manufactured items supplied to GA-EMS.
8	Part Name	The nomenclature of the manufactured item from the drawing or specification of the item listed in field 9.
9	Part/Drawing Number	The part or drawing number of the manufactured item that is nonconforming, requiring information, or design change suggestion. List the lowest level part or drawing number that the supplier has. If no part or drawing number exists, then list the applicable specification number.
10	Revision	The configuration of the manufactured item listed in field 9.
12	Location	The current physical location of the manufactured item(s).
18	Purchase Order & Line-Item Number	The GA-EMS purchase order number and line-item number(s) of the manufactured item that is nonconforming, requiring information, or design change suggestion.
20	Lot Size	The size of the lot of manufactured items.
21	Qty. Inspected	The quantity (Qty.) of manufactured items that were inspected.
22	Qty. Rejected	The quantity (Qty.) of manufactured items that were not accepted after inspection.
26	Effect on Contract Cost/Price	If the supplier disposition request (SDR) is not approved, enter what will be the effect on the cost of the purchase order. If the purchase order is “Firm,” or “Fixed Price (FFP),” enter N/A.
27	Effect on Delivery Schedule	If the supplier disposition request (SDR) is not approved, enter what will be the effect on the delivery date. If none, enter N/A.
28	Effect on Logistics Support, Interface, or Software	The nonconformance’s effect on Logistics support, interfaces, or software. If none, enter N/A.
29	Additional Information	Optional: Supplemental information to assist GA-EMS with the disposition of the request.

Field #	Field Name	Field Description
30	Serial Number(s)	The serial number of the nonconforming manufactured item (if applicable). If there are multiple serial numbers, enter "see field 32" and include the serial numbers in field 32. If there are multiple manufactured items that are nonconforming and not serialized, attach temporary identification tags with "Item 1," "Item 2," etc., if it is necessary to clarify which nonconformance description applies to each manufactured item.
31	Requirements (description)	The specific and complete documentation details of the “Should Be” condition as indicated by the requirement authority (i.e., drawing, specification, standard, etc.): **Drawing or Specification Number & Revision:** State the drawing and/or specification number and revision(s). **Zone or Location:** State the exact location of the requirement(s) in the drawing or specification (e.g., “Sheet 5, C1” or “Section 3.2.5”). **Find Number from Item List:** State the find (item) number from the drawing or specification item list. **Requirement to Meet:** State the specific requirement that should be met for the manufactured item to be conforming. **CSI/CAI:** State whether the manufactured item is a critical safety item (CSI) or a critical application item (CAI). **Attachment Number:** Assign and state the attachment number of the requirement(s). **Document Number & Revision (MWI/ATP):** State the document number(s) and revision(s) of the manufacturing work instruction (MWI) and/or acceptance test procedure (ATP). **Affected Serial Number(s) (if applicable):** If applicable, state the affected serial numbers for the supplier disposition request (SDR).
32	Nonconforming Condition (text)	The specific and complete details of the “As Is” condition (i.e., a detailed description of the nonconformance). As applicable, list specific measurements, readings, dimensions, or results to identify the exact out-of-tolerance to be adjudicated.
33	Disposition, Final Condition, and Technical Justification	Provide a recommended disposition (“Repair,” “Scrap,” or “Use-As-Is”). Include a detailed justification to support the recommended disposition and fully explain why the recommended disposition will not cause an unacceptable departure from component and assembly requirements. Evaluate impacts to performance, durability, interchangeability, effectiveness, operations, and safety. State all assumptions and present all relevant calculations. For “Repair” disposition, include comprehensive steps of required follow-on production work, stating whether work is to be done in accordance with an approved procedure. Address all specialty documentation impacts (e.g., process operation sheet/inspection method sheet [POS/IMS]) and describe when, how, and by whom inspections will be performed and witnessed.

34	Cause of Discrepancy	Using a standard problem-solving methodology (i.e., “5 Why’s”), identify the underlying cause and/or contributing factors of the nonconformance. Look beyond the initial, apparent cause. For example, “Operator Error,” upon scrutiny, can often be attributed to inadequate procedures, insufficient training, lack of supervision, and/or poor work conditions. Additionally, identify the extent of condition that should be examined to determine whether the situation is isolated or applies to other manufactured items or materials.
35	Corrective Action (execution)	Describe the immediate action(s) taken and/or future action(s) that are necessary to address the nonconformance, its root cause, and to prevent reoccurrence. **Immediate:** Address actions already taken to rectify the immediate cause and to contain the problem. “Execute Disposition” is typically included here. **Future:** Address actions to be taken to ensure the issue does not occur again. Corrective actions should include action verbs (e.g., revise, require, install, remove, train); avoid verbs that produce information rather than change (e.g., notify, evaluate, consider, assess, review). Corrective actions should be specific, measurable, and achievable. Objective quality evidence (OQE) is necessary to demonstrate the action was completed. If a corrective action report (CAR) is written, include the corrective action report number.
36	Supplier Author (print name)	The name of the representative from the supplying organization authoring the supplier disposition request (SDR).
36a	Supplier Author (signature)	The signature of the representative from the supplying organization authoring the supplier disposition request (SDR).
36b	Supplier Author (email / phone)	The email address and phone number of the representative from the supplying organization authoring the supplier disposition request (SDR).