

## MRB DISPOSITION REQUEST

### DISCREPANCY DETAIL

(TO BE COMPLETED BY REQUESTING PARTY; REFER TO QA-SP47 SQAR FOR SUPPLIER MRB)

Supplier Name and Address:	Textron Systems/AAI Part Number:	Part Name:	Supplier Part Number:
Serial Number(s) / Lot Number / Date Code:	PO Number:	PO Line:	Part Revision on PO:
Detailed Description of <i>Actual</i> Condition of Nonconformance. Attach sketches, drawings and pictures if necessary.			
Detailed Description of <i>Required</i> Condition of Nonconformance. Attach sketches, drawings and pictures if necessary.			
Proposed Repair (Attach sketches, drawings and pictures if necessary, along with any referenced procedures).			
Containment Action. (Identify actions necessary to contain and prevent further escapes). Include completion dates.			
Root Cause of Nonconformance. Indicate steps taken to assess root cause. Use, and attach Fishbone/5Why <a href="#">QAPG-QM58-FM1 RCCA</a> or equivalent.			
Corrective Action. Solution(s) to attack the root cause and correct problem(s) with completion dates. Use, and attach mistake proofing techniques.			
Action(s) taken to Prevent Future Discrepancies. Include any documents that need to be updated and target implementation date(s).			
Effect on cost/price and delivery schedule if request is not approved.			

<b>Signature of Authorizing Representative</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>
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### DISPOSITION OF MATERIAL

(TO BE COMPLETED BY TEXTRON ENGINEERING AND QUALITY)

Nonconformance Number(s):	Contract Number:	DJ Number / Work Order:	Next Assembly Part Number:	Project & Task Number:
Approved Disposition:				Number of Previous Occurrences?
<input type="checkbox"/> Use As Is <input type="checkbox"/> Repair                    Qty Approved                    Qty Rejected				
Safety of Flight Item? Software Item? Critical Safety Item? Functional Deviation? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES TO ANY, APPROVE IAW PRQA-QM11				
Justification/Engineering Analysis:				
Other Comments:				

### SIGNATURES AND PRINTED NAME

(TO BE COMPLETED BY TEXTRON SYSTEMS PERSONNEL)

Hardware Quality Engineer (sign/print/stamp)	Date
Customer (sign/print) (see QAD)	Date
Engineering (sign/print)	Date
Manufacturing Engineer (sign/print) (if required)	Date

\_\_\_\_\_  
QA Manager (sign/print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
MRB Request Rejected By (sign/print)

\_\_\_\_\_  
Date

If Supplier MRB, the supplier shall not repair or ship this material until this form has been approved by TEXTRON SYSTEMS/AAI. The acceptance of these parts establishes no precedent for the continued acceptance of parts in similar condition. **Supplier shall enclose a copy of this form with the shipment.**