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

* **SUPPLIER instructions for completing form fields are on the pages following the form.**
* **Shaded fields are to be completed 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.*

|  |
| --- |
| **(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)

**NOTE:** These instructions need not be submitted with the completed Supplier Disposition Request (SDR) form.

1. Leave the shaded fields blank; these are to be completed by GA-EMS.
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.
3. Submit the completed SDR to GA-EMS Quality Assurance via email at EMS-SDR@ga.com and carbon copy (cc) the Buyer’s Authorized Purchasing Representative specified on the order.

| Field # | Field Name | Field Description |
| --- | --- | --- |
| 2 | SDR Number & Revision | The SDR number consists of two parts. The first part is the GA-EMS purchase order (PO) number, and the second part is a three-digit sequential number (for each PO) that is assigned by the supplier, who manages an SDR number log to avoid duplication or gaps. A revision letter is used to indicate subsequent revisions of the SDR. |
| 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 PO and the address of the supplier manufacturing facility. |
| 5 | Related Notification | The quality notification (QN) number(s) of previous QNs that apply to the manufactured item covered by the 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 a 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 PO number and line-item number(s) of the manufactured item that is nonconforming, requiring information, or a 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 of manufactured items that were not accepted after inspection. |
| 26 | Effect on Contract Cost/Price | If the SDR is not approved, enter what will be the effect on the cost of the PO. If the PO is Firm Fixed Price (FFP), enter “N/A.” |
| 27 | Effect on Delivery Schedule | If the 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 (e.g., “5 Whys”), 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 and 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 CAR number. |
| 36 | Supplier Author (print name) | The name of the representative from the supplying organization authoring the SDR. |
| 36a | Supplier Author (signature) | The signature of the representative from the supplying organization authoring the SDR. |
| 36b | Supplier Author (email / phone) | The email address and phone number of the representative from the supplying organization authoring the SDR. |