Procedure
DMR (Defective Material Report) P8.5.2/3-3
Rev. F

Approved By: Mike Orsini, Quality Manager

Purpose: To document procedure for supplier corrective and preventive action and internal rejections.

Scope: All corrective and preventive action for product non-conformance and raw materials received.

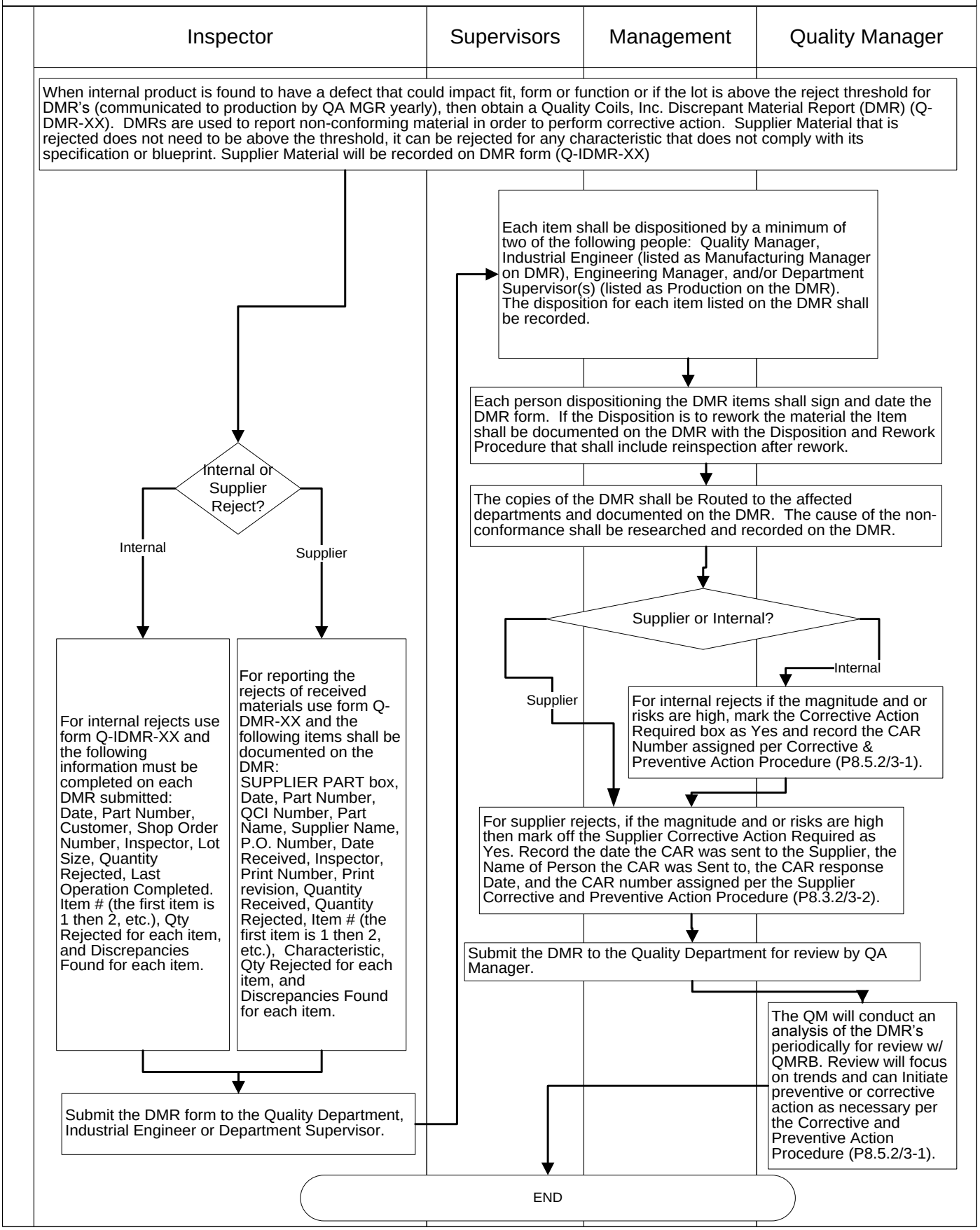
Authority: The Quality Manager has the authority to change or modify this procedure.

Reference Documents and Records

- Policy Element 8.5.2 Corrective action and 8.5.3 Preventive action
- DMR
- Quality Records Procedure P4.2.4

Change History

Date	Change	Rev	By
12/10/96	Initial release	A	MO
01/02/97	Updated for new DMR form	B	MO
4/16/02	Removed ref. To DMR database – no longer used.	C	MO
10/29/2002	Updated to the ISO 9001:2000 requirements and flowcharted.	D	MO
9/27/08	Updated to reflect current use of the DMR report dispositions. Clarified.	E	CW
10/3/2011	Changed form numbers to include use of internal DMR form and clarified who can initiate CAR.	F	MO


Inspector
Supervisors
Management
Quality Manager
When internal product is found to have a defect that could impact fit, form or function or if the lot is above the reject threshold for DMR's (communicated to production by QA MGR yearly), then obtain a Quality Coils, Inc. Discrepant Material Report (DMR) (Q-DMR-XX). DMRs are used to report non-conforming material in order to perform corrective action. Supplier Material that is rejected does not need to be above the threshold, it can be rejected for any characteristic that does not comply with its specification or blueprint. Supplier Material will be recorded on DMR form (Q-IDMR-XX)
Internal or Supplier Reject?
Internal
Supplier
For internal rejects use form Q-IDMR-XX and the following information must be completed on each DMR submitted: Date, Part Number, Customer, Shop Order Number, Inspector, Lot Size, Quantity Rejected, Last Operation Completed. Item # (the first item is 1 then 2, etc.), Qty Rejected for each item, and Discrepancies Found for each item.
For reporting the rejects of received materials use form Q-DMR-XX and the following items shall be documented on the DMR: SUPPLIER PART box, Date, Part Number, QCI Number, Part Name, Supplier Name, P.O. Number, Date Received, Inspector, Print Number, Print revision, Quantity Received, Quantity Rejected, Item # (the first item is 1 then 2, etc.), Characteristic, Qty Rejected for each item, and Discrepancies Found for each item.
Submit the DMR form to the Quality Department, Industrial Engineer or Department Supervisor.
Each item shall be dispositioned by a minimum of two of the following people: Quality Manager, Industrial Engineer (listed as Manufacturing Manager on DMR), Engineering Manager, and/or Department Supervisor(s) (listed as Production on the DMR). The disposition for each item listed on the DMR shall be recorded.
Each person dispositioning the DMR items shall sign and date the DMR form. If the Disposition is to rework the material the Item shall be documented on the DMR with the Disposition and Rework Procedure that shall include reinspection after rework.
The copies of the DMR shall be Routed to the affected departments and documented on the DMR. The cause of the non-conformance shall be researched and recorded on the DMR.
Supplier or Internal?
Internal
Supplier
For internal rejects if the magnitude and or risks are high, mark the Corrective Action Required box as Yes and record the CAR Number assigned per Corrective & Preventive Action Procedure (P8.5.2/3-1).
For supplier rejects, if the magnitude and or risks are high then mark off the Supplier Corrective Action Required as Yes. Record the date the CAR was sent to the Supplier, the Name of Person the CAR was Sent to, the CAR response Date, and the CAR number assigned per the Supplier Corrective and Preventive Action Procedure (P8.3.2/3-2).
Submit the DMR to the Quality Department for review by QA Manager.
The QM will conduct an analysis of the DMR's periodically for review w/ QMRB. Review will focus on trends and can Initiate preventive or corrective action as necessary per the Corrective and Preventive Action Procedure (P8.5.2/3-1).
END