Schwank
infra-red gas heaters

NON CONFORMANCE REPORT NO: _____ *(if applicable)*

Initiated By: _____ Date:_____

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CONTACT NAME:_____ TELEPHONE NO: ( ) _____

DISTRIBUTOR NAME: _____ CONTRACTOR NAME: _____

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Following Non conformances originated from: Distributor ( ) Customer ( ) Supplier ( ) Transport Co ( ) Other( )_____

SHIPPING:	**ACCOUNTING**	**TECHNICAL**	**CUSTOMER SERVICE**
☐ Shipped Wrong Product	☐ Incorrect Price	☐ Technical Instructions Not Clear	☐ Attitude
☐ Shipped Defective Product		☐ Equipment Failure	☐ _____
☐ Short Shipped		☐ No I&O Manual Received	☐ _____
☐ Over Shipped		☐ No Rating Plate	
☐ Packaged Incorrectly		☐ Technical Query	
☐ Shipping Instructions Not Clear			
☐ Delivered to Wrong Location	**ORDER ENTRY**		
☐ We Shipped Late	☐ Incorrect Data		
☐ Damaged Upon Receipt			
☐ Tracing Issue			
☐ No B/L or Packing Slip			
☐ Customer Ordered Incorrectly			

Clearly Describe the NON-CONFORMANCE… (To be completed by the Initiator)
_____
_____

Short Term CORRECTIVE ACTION…   (To be completed by the Initiator)
_____
_____

Issued to: To Be Completed By: Signed: Completed:

**COMPLETE THE FOLLOWING ONLY IF THE NON-CONFORMANCE WILL BE RAISED TO A CORRECTIVE ACTION **

Clearly Describe the ROOT CAUSE   (To be completed by the Initiator)

Long Term CORRECTIVE ACTION… (To be completed by – as assigned by Quality Manager)
_____
_____

Issued to: To Be Completed By: Signed: Completed:

CLOSE CORRECTION ACTION REQUEST

Issued to: To Be Completed By: Date Closed:

FINAL CLOSE FOR EFFECTIVENESS

Issued To : _____   _____
Date To Close: _____   Initiator's Name/Signature
Date Closed: _____
Date for Next Review: _____   _____
                    ISO Manager