

**SUPPLIER NONCONFORMANCE APPROVAL REQUEST (SNAR) - or -**

**SUPPLIER INFORMATION REQUEST (SIR)**

**SNAR**  **(1-13,15,16) SIR**  **(1-10 as applicable, 14-16) Assigned by SSP**

|  |
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| **No.** |

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| 1. **PO Item # (R, N, S)** | | | | | 1. **Dwg Part No.** | | | | | 1. **Dwg Rev/ADCN** | | 1. **Part Name** | | | 1. **Date** |
| 1. **Requested by: *(Supplier Company Name)*** | | | | | | | | | | | | | | 1. **P.O. No. Line No.** | |
| 1. **QTY** | | 1. **Serial Number(s) if applicable, or range of S/N’s; include WO number for Outside Processing *(If applicable, enter Serial numbers or range of SN’s)*** | | | | | | | | | | | | **10.** | |
| 1. **SNAR Non-Conformance Request Description** | | | | | | | | | | | | | | | |
| **ITEM No.** | **QTY** | | **Dwg or Spec No.** | | | | **LOCATION** | | **SERIAL No.** | | **Requirement**  ***(Enter Should Be for Item #)*** | | | **Deviation/Waiver Request**  ***(Enter deviation to Should Be)*** | |
| **SHEET** | **ZONE** |
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| 1. **Cause(s): *(For each of the above noted Item #’s, enter a root cause for each non-conformance deviation requested here)*** | | | | | | | | | | | | | | | |
| 1. **Corrective Action(s): (*For each of the above root causes, enter a corrective action here)*** | | | | | | | | | | | | | | | |
| 1. **SIR Supplier Information Request** | | | | | | | | | | | | | | | |
| **Request: (*Enter your information request here)*** | | | | | | | | | | | | | | | |
| 1. **SNAR/SIR Submittal Date:** | | | | | | 1. **SNAR/SIR Requestor’s Name (Print): *(Your Name)* Title: Requestor’s Email or phone:** | | | | | | | | | |
| 1. **Item #** | | | | 1. **SSP Engineering SNAR DISPOSITION / SIR INSTRUCTIONS** | | | | | | | | | | | |
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| 1. **SSP MRB Required:**   **Yes**  **No** | | | | | | 1. **Customer Name:       Customer Number:** 2. **Customer Approval Required: Yes**  **No** | | | | | | | 1. **Customer Approval Date:**   **Comments:** | | |
| **23. Design Engineer:** | | | | | |  | | | | | | | **24. Effectivity Date:** | | |
| **25. Quality Engineer:** | | | | | |  | | | | | | | **26. Effectivity Date:** | | |
| **27. Buyer Acknowledgement:** | | | | | |  | | | | | | | **28. Effectivity Date:** | | |

***NOTE: Supplier MUST receive a copy of a completed SNAR (signed by authorized SSP Design Engineer, Quality Engineer, and Buyer).***

***Copy of signed SNAR MUST be attached to the supplier’s shipping documentation.***

***SNAR number MUST be referenced on the supplier’s shipper and certification documents.***