| QUALITY DEFICIENCY NOTICE | | |
|---|------------------------------|------|
| NAME OF SUPPLIER AND ADDRESS | PRIME CONTRACTOR AND ADDRESS | |
| | | |
| | | |
| CONTRACT NO. | LOT NO. | |
| ORDER NO. | NSN | |
| A deficiency exists in your quality control system. The nature of the deficiency is | | |
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| Immediate action is required to correct the deficiency and the condition that caused it. Shipping nonconforming material and/or failure to take acceptable corrective action on time may result in termination of your right to proceed with this contract. Nonconforming material will be returned to you at your expense. | | |
| Please provide a written response of correction action taken or to be taken to your OAS within 5 workdays after receiving this notice. | | |
| OAS NAME AND SIGNATURE | ADDRESS | DATE |
| | | |
| RECEIPT ACKNOWLEDGED | CERTIFIED RECEIPT NO. | |
| EVALUATION OF CORRECTION ACTION | | |
| Corrective action verified and found acceptable. | | |
| Corrective action not acceptable and/or not implemented (Explain below) | | |
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| This matter is being referred to the Administrative Contracting Officer for action. Direct further correspondence on this matter to the ACO. | | |
| OAS SIGNATURE | | DATE |
| | | |
| RECEIPT ACKNOWLEDGED | CERTIFIED RECEIPT NO. | |