

# Quality- Non-Conformance Report (NCR)

**What type of issue are you reporting?:**                      **Quality/Product Failure**                      **Supply/Shipping Error**

Customer Name: \_\_\_\_\_ Distributor: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Country: \_\_\_\_\_ Date: \_\_\_\_\_

Part #	Description of Part	Batch/SO #	P/O #	Quantity

Reason for complaint:

What application was the part being used for? \_\_\_\_\_ How long has the part been working? \_\_\_\_\_

Is this a new application?      Yes      No      If yes, what product was used prior to the BFM® fitting? How long did it last?

Temperature & Pressure:	Processing Temperature: °C	Temperatures at point of BFM® fitting: °C	Pressure in pipework: PSI	Vacuum in pipework: PSI
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Is Chemical attack possible?      Yes      No      Name of Acid/Caustic used in process:

Acid Concentration %	Caustic Concentration %	Basic Concentration %	pH level (if known):
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Installation Gap (IG) & Offset:

Current IG (space between spigots): _____ mm	Pipework Offset: _____ mm
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Type of Movement:	Vibrating	Oscillating	Amount of Movement:	Maximum Horizontal (sideways in either direction from a fixed point) _____ mm	Maximum Vertical (up and down) _____ mm
	None (static)				

Description of Vibrating or Oscillating Equipment:

**Completed the form?**  
Please confirm that you will also be sending us the following:  
Photographs clearly showing the issue      Video of the issue if possible  
*(Please include your company name in all the file names)*

**Save and email the completed form and your photos/videos to:**  
**quality@bfmfitting.com**

**BFM®'s Response** *(to be completed by BFM® on review of all information provided)*

BFM®'s Comments:

  
  
  

BFM® Corrective Action to be Taken: *(if applicable)*

**INTERNAL USE ONLY**

Credit:	Replacement:	Approved By:	Date:
Yes      No	Yes      No		