

VMRR Number:				Date:
	<u>Vendor Material Re</u>	eview	Request	
This VMRR submittal	GKN Aerospace South Carolina In	IC. (pleas	se check the box on the lo	cation associated with your PO)
is applicable to:	348 Millennium Dr, Orangeburg SC 29115 USA Tel: 334-283-9500		174 Millennium Dr, C Phone: 334-283-9500	Orangeburg SC 29115 USA
Vendor Name and	Address:	PO Nu	umber:	
		<u>Line I</u>	tem No.:	
			Name:	
		Page :		
Vendor Quality Co	ntact:	_	<u>e Number:</u>	
			<u>Name:</u>	
Part Number(s):	1		<u>ifacture Date:</u>	
Serial Number(s):	Customer	r NC Nu	ımber(s):	
Quantity:				
	<u>Description / Sketch o</u>	of Discr	<u>epancy</u>	
Inches dieta Astiona		C	ation Antique (at	
Immediate Action:		Corre	ctive Action: (Objective)	ctive evidence required)
Root Cause:		Corre	ctive Action Effect	ivity Date:
			ctive Action Follow	
		Date o	f follow up/verificatio	.
		Signa	<u>ture:</u>	
-	Reply / Instruction: (For GKN		pace Use Only)	
Quality:		Date:		
<u>ME:</u>		Date:		
Final Disposition:		•		

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Vendor Material Review Request	
Description / Sketch of Discrepancy	

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Instructions for Completing F-CI Vendor Material Review Request

Block Number

- Leave blank to be completed by GKN Aerospace only. 1.
- 2. Enter today's date.
- Select the applicable GKN Aerospace location of the VMRR submittal. 3.
- Enter the vendor name and address. 4.
- 5. Enter the Purchase Order Number, Receiver Item Number, and GKN Aerospace Buyer name.
- 6. Enter total number of page(s).
- **Enter your company Quality Controller contact.** 7.
- Enter the Quality Controller contact phone number. 8.
- 9. Enter part number.
- 10. Enter part name and the manufacture date.
- Enter quantity and serial number of the discrepant part(s). 11.
- 12. **Enter Customer NC Number**
- **13**. Enter a detail description including the should be, and the as is condition and/or sketch of the discrepant area. (Use sheet 2 to continue description and/or include sketch if required)
- 14. Enter Immediate Action of the discrepancies taken (see response format).
- **Enter Root Cause (see response format).** 15.
- 16. Enter Corrective Action taken to prevent reoccurrence of the reported discrepancies. (See response format Must submit objective evidence.
- **Enter Corrective Action Effective Date (See response format).** 17.
- Enter Corrective Action Follow-up (see response format). Date of follow up/verification. 18.
- 19. Sign form.
- Leave blank to be completed by GKN Aerospace only (ME & QE Dispo). **20**.
- **21**. Leave blank - to be completed by GKN Aerospace only (ME & QE Sign).
- Leave blank to be completed by GKN Aerospace only (ME & QE Date). **22**.
- 23. Enter total number of page(s).
- 24. Enter a detail description including the should be, and the as is condition and/or sketch of the discrepant area. (Use sheet 2 to continue description and/or include sketch if required)
 - > Please scan VMRR form and email to GKN Aerospace Purchasing Buyer.
 - Then wait for GKN Aerospace disposition.

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VMRR Number:	1			Date:	2			
		Vendor Material Re	eview Request					
This VMRR submittal	GKN	I Aerospace South Carolina Ir	IC. (please check the box on the lo	ocation associated v	vith yo	ur PO)		
is applicable to: 3	1 1	348 Millennium Dr, Orangeburg SC 29115 USA el: 334-283-9500	174 Millennium Dr, (Phone: 334 <u>-283-</u> 9500		USA			
Vendor Name and	<u>Addre</u>	<u></u>	PO Number: 5	-				
		4	Line Item No.: 5					
			Buyer Name: 5					
				6				
Vendor Quality Cor	<u>itact:</u>	7	Phone Number: 8					
5 (2)			Part Name:	10				
Part Number(s):	9		Manufacture Date:	10				
Serial Number(s):	_	11 Custome	r NC Number(s): 12					
Quantity: 11								
		<u>Description / Sketch</u>	of Discrepancy					
13								
Immediate Action:			Corrective Action: (Obje	ctive evidence re	quire	<mark>ed)</mark>		
		14	10	6				
Root Cause:			Corrective Action Effect	ivity Date:				
			17					
	15		Corrective Action Follow-up:					
			Date of follow up/verification. 18					
			Signature:					
		Reply / Instruction: (For GKN						
Quality:	21		Date:					
ME:	4 1		Date:					
Final Disposition:		20						

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Vendor Material Review Request		
<u>Description / Sketch of Discrepancy</u>		
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Response Format

Immediate Correction: Any action taken immediately upon identification of the potential noncompliance, such as rejection tags, line checks or supplier notification. This section should describe actions taken by the supplier to correct symptoms in the short term. The response should include when, where, how and by whom correction will be or has been made. Potential ramifications of findings should also be investigated and dealt with. For example if the finding is that out of date drawing and materials were found, the supplier should investigate and record whether any parts were made using drawings and materials, and what the disposition was affected parts.

Root Cause: The source or origin of the noncompliance, as well as any contributing factors involved. A finding is generally a symptom of a root cause problem. This section records the supplier's analysis of the finding to determine the root cause of the problem. A root cause is usually found in adequate procedures, processes, training, or in noncompliance (whether intentional or accidental) in one or more of these areas. Extensive analysis is called for in root cause identification. Detailed, in-depth questions should be asked, and AQS tools can be used to analyze results. If there is a management problem, it should be revealed.

<u>Corrective Action:</u> The remedial corrective action implemented to address the source or root cause of the noncompliance that will preclude recurrence. The response to root cause should, at a minimum, include changes to procedure, processes and/or training. Root cause correction involves long term prevention and process improvement rather than an immediate fix.

Must submit objective evidence.

Corrective Action Effective Date: Date when corrective action becomes effective.

<u>Corrective Action Follow-up:</u> This section indicates that the supplier has verified or will verify (who, where, when, how) that root cause corrections have been accomplished.

Date of follow up / verification.

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