DISCREPANCY APPROVAL (D.A.)

D.A. Control #

Originated By: Department : Date:

Part No: Revision: Part Name:

Quantity: Serial No. (If Applicable):

ORIGINATOR

Non-Conformance Description:

Cause:

Disposition Proposed:

Corrective Action to Prevent Recurrence:

QN # MCR # DCR # ETQ #

Other:

Corrective Action Review and Acceptance: (Originator's Supervisor) Department:

Signature: Target Date of Completion:

THE ABOVE NON-CONFORMANCE HAS BEEN VERIFIED AND THE FORM IS COMPLETE

Quality:

APPROVAL

DESIGN ENGINEER: _____ Approved _____ Not Approved

Signature: _____ Date: _____

Remarks: This deviation will not significantly affect form, fit or function based on EMD Engineering's experience.

QUALITY: _____ Approved _____ Not Approved

Signature: _____ Date: _____

Remarks:

Emission Critical Component: (ETI 1503) Yes _____ No _____

Emission Compliance Manager Approval Signature:

Distribution: Original for IQA File	Name	DEPT. #	FAX #	"E" MAIL ADDRESS
"D.A." ORIGINATOR:				
DESIGN ENGINEER:				
PRODUCT MANAGER:				
QUALITY (M.Q.A.)				
MANUFACTURING:				
OTHER:				

EMD Form 511 Originated: 4/13/56

Revised by M. R. Denyko: 7/10/08 File: Excel/Denyko/DA Form

DISCREPANCY APPROVAL INSTRUCTIONS

Discrepancy Approval Purpose

To define the procedure to be used to:

A- document the acceptance of nonconforming material / parts
B- document the acceptance of material / parts that have been reworked by a process not identified as an approved EMD procedure
C- document the acceptance of authorized substitute material

1. **Originated By**

The person who wants the nonconforming material/parts accepted. The person could be, but is not limited to:
Manufacturing, Manufacturing Engineering, Manufacturing Quality Assurance, Incoming Quality Assurance, Quality Assurance Engineering, Supply Chain Management, Design Engineering, Liaison Engineering, Product Management, EMD Suppliers.

It is the originator's responsibility to assure all sections of the form (#1 thru #18) are filled out as required, obtain all approvals and submit the form to Incoming Quality Assurance (IQA) for assignment of the "DA" control number (#19).

Originators cannot sign-off for Design Engineering Approval or Quality Approval of "DA" requests.

Suppliers originating "DA" requests must contact the appropriate EMD Design Engineer or Supplier Quality Engineer responsible for the part to consult/review the nonconformance and must document this in Section #12 under "OTHER". The request must then be submitted to the supervisor of EMD IQA (Fax: 708-387-5959 LaGrange) for processing after Sections #1 thru #13 and #18 are completed.

2. **Department**

The department number of the originator. Suppliers originating "DA's" should put their company name in this section.

3. **Date**

Date the "DA" is being originated.

4. **Part Number**

EMD drawing number of the material/part. **One part number per "DA".**

5. **Revision**

Revision level of the part on the EMD drawing. When there is no revision, enter N/A.

6. **Part Name**

EMD drawing part name.

7. **Quantity**

Amount of nonconforming material/parts being accepted on "DA".

8. **Serial Number**

List serial number of parts or assemblies as required by the EMD drawing. When no serial number is required, enter N/A. If list of serial numbers exceed space available on "DA", provide on a separate sheet and state "see attached sheet".

9. **Nonconformance Description**

Document the drawing requirement and then describe the nonconformance, i.e.

a) Crankshaft bore diameter 9.2495" +.0010"/-.0005" is 9.2517" or .0012" O.H.L.
b) Hardness 32 to 38 RC is 30 RC or 2 RC U.L.L.
c) Sulphur .010% minimum is .008% or .002% U.L.L.
d) Pump axial end thrust .008" to .016" is .018" or .002" O.H.L.
e) Flange flatness .020" is .022" or .002" O.H.L.
f) Surface finish 30 micro inch maximum is 34 micro inch or 4 micro inch O.H.L.
g) Center leg weld width 1.438" minimum is 1.425" or .013" under minimum.

10. **Cause**

State the "root cause" of the nonconformance, i.e.

a) Wrong tool setting.
b) Heat treat process not controlled.
c) Wrong mix of additives to the ladle.
d) Gear face to face dimension found to be .002" undersize.

e) Machining operator error.
f) Machining operator error.
g) Welding operator error

11. **Disposition Proposed**

What is the disposition of the nonconforming material/parts?
EMD Design Engineering and EMD Quality may accept the parts, stating “Use as is”.
This deviation will not significantly affect form, fit or function based on EMD Engineering’s experience”.

When a rework procedure/process (such as plating, machining or welding) is used that will allow the material/parts to be accepted by EMD, and it is not a documented/approved EMD procedure/process, briefly define/describe and document this procedure/process with attachments as necessary.

12. **Corrective Action To Prevent Recurrence**

What corrective action is being implemented that will eliminate this nonconformance from recurring again.

As necessary, record the Q.N. # (Quality Notice) or the M.C.R. # (Manufacturing Change Request) or the D.C.R. # (Design Change Request) or the E.T.Q # (Excellence Thru Quality).

13. **Corrective Action Review and Acceptance**

The "Corrective Action" must be reviewed, accepted and signed by the originators supervisor. The supervisor must record their department number and the target date for completion of the corrective action for all submitted "DA" requests, including Supplier initiated "DA's".

14. **Nonconformance Verification**

E.M.D. Quality will verify / review the nonconformance, assure the form is complete, sign and date the form.

15. **Design Engineering Approval**

The disposition (Approved / Not Approved) of the nonconforming material /parts must be noted in this section by EMD Design Engineering.

16. **Quality Approval**

The disposition (Approved / Not Approved) of the nonconforming material /parts must be noted in this section by EMD Quality.

17. **Emission Critical Component**

Material / parts identified as Emissions Critical Components as per E.T.I. 1503 requires an Emission Compliance Manager approval.

18. **Distribution**

It is the originators responsibilityb to list the name and department number of the individuals who should receive a copy of the approved "DA".
A fax number / "E" mail address should be added as necessary to facilitate suppliers getting approved copies.

19. **D.A. Control #**

D.A. # assigned by Incoming Quality Assurance.

Note: *“Altered Forms" & "Incomplete Forms"* submitted for D.A. Control # will not be accepted!

DISCREPANCY APPROVAL (D.A.)

D.A. Control # 19

Originated By: 1 | Department : 2 | Date: 3

Part No: 4 | Revision: 5 | Part Name: 6

Quantity: 7 | Serial No. (If Applicable): 8

ORIGINATOR

Non-Conformance Description: 9

Cause: 10

Disposition Proposed: 11

Corrective Action to Prevent Recurrence: 12

QN # **MCR #** **DCR #** **ETQ #**

Other:

Corrective Action Review and Acceptance: (Originator's Supervisor) 13 Department:

Signature: Target Date of Completion:

THE ABOVE NON-CONFORMANCE HAS BEEN VERIFIED / REVIEWED AND THE FORM IS COMPLETE

Quality: 14 **Date:**

APPROVAL

DESIGN ENGINEER: 15 _____ Approved _____ Not Approved

Signature: _____ Date: _____

Remarks: This deviation will not significantly affect form, fit or function based on EMD Engineering's experience.

QUALITY: 16 _____ Approved _____ Not Approved

Signature: _____ Date: _____

Remarks:

Emission Critical Component: (ETI 1503) Yes _____ No _____

Emission Compliance Manager Approval Signature: 17

Distribution: Original for IQA File 18	Name	DEPT. #	FAX #	"E" MAIL ADDRESS
"D.A." ORIGINATOR:				
DESIGN ENGINEER:				
PRODUCT MANAGER:				
QUALITY (M.Q.A.)				
MANUFACTURING:				
OTHER:				

EMD Form 511 Originated: 4/13/56

Revised by M. R. Denyko: 7/10/08 File: Excel/Denyko/DA Form