|  |  |
| --- | --- |
| LOGO2LIN |  **Fabrication Nonconformance Report** |
|  |
| Fabricator or Contractor: |       | NCR No. for this SN and IDOT Contract: |       |
| Structure Number: |       | Fabrication Control No: |       |
| IDOT Contract Number:  |       | Date NCR Report First Issued: |       |
| QC for Fabricator or Contractor (Print): |  |
| QA Inspector for ILDOT (Print): |  | Employer:  |       |
|  |
| Nonconformance Description/Specific Location and Date of Initial Report: |       |
|       |
|       |
|  |
| Shop Drawing Number(s): |       |  |  |       |  |  |       |  |
|  |
| Cause of Nonconformance: |       |
|       |
|       |
|  |
| **Proposed Method to Resolve Nonconforming Situation:** |       |
|       |
|       |
|  |
| **Proposed by** [ ]  Fabricator QC [ ]  ILDOT QA [ ]  Other / Specify: |       |
|  |
| Corrective Actions Taken, Results and Basis for Acceptance or Rejection by QA (Dated): |       |
|       |
|       |
|  |
| **Signature of QA Inspector:** |  |  |
|  |
| Action to Prevent Nonconformance Recurrence: |       |
|       |
|       |
|  |
|  | **Closed** [ ]  Yes [ ]  No |  |
|  |
| **Corrective Action Verified By ILDOT QA Rep.** | **ILDOT Fabrication Unit Supervisor** |
|  |
|       |  |       |
| Print or Type Name |  | Print or Type Name |
|  |  |  |
| Signature and Date |  | Signature and Date |
|       |  |       |
| Employer |  | Title |
|       |  |  |
| Refer to Daily Report(s) Dated |  |  |
|  |
| CC: [ ]  Fabricator |
|  [ ]  Region/District |
|  [ ]  Fabrication File |

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