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**KIC Systems, Inc.**

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| SUPPLIER MATERIAL REVIEW REQUEST |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SUPPLIER NAME: | | | | | SUPPLIER NO: | | | P.O. NO (if req’d): | | | part no. | | | rev. |
| Program: | | | | | PART NAME: | | | | | | | | | |
| **supplier to complete each item except disposition** | | | | | | | | | | | | | | |
| **item**  **no.** | **blue print or specification**  **requirement and zone number** | | | **variation** | | | | | | **qty.**  (if req’d) | | **disposition**  **(If uai, risk assesment and justification are required)** | | |
|  |  | | |  | | | | | |  | |  | | |
|  |  | | |  | | | | | |  | |  | | |
|  | Note:  Any request for substitution of parts/components must include evidence of RoHS compliance. | | |  | | | | | |  | |  | | |
| **Risk assessment and justification** (If disposition is **UAI** this is **Required**): | | | | | | | | | | | | | | |
| **item**  **no.** | **corrective action taken by**  **supplier to prevent recurrence** | | | | | | **Note: corrective action must be shown for each**  **discrepancy, including POINT of EFFECTIVITY** | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Signature of Co. Official | | | | | | title: | | | | | date of request: | | | |
| **MATERIAL REVIEW** | | | | | | | | | | | | | | |
| PREVIOUS SIMILAR DEFECT | | yes no | | | DATE | | | | | | | | | |
| REMARKS | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| PRELIMINARY BY: | | | MATERIAL REV  ENGINEER | | | | | | DATE | | | QA | DATE | |
|  | | | PRODUCTION  ENGINEER | | | | | | DATE | | | CUST REP | DATE | |

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