

# NON-CONFORMANCE REPORT (NCR)



Please fill in the form and e-mail it to [aftersales-fr@samsongroup.com](mailto:aftersales-fr@samsongroup.com)

## Product identification (to be filled in by the customer)

NCR issued by (name): Enter text E-Mail: Enter text	Date: Select Date	Your internal NCR no.: <small>If applicable</small> Enter text
Customer's company: Enter text	Enduser: Enter text	
Original SAMSON REGULATION SAS order no.: Enter text <small>Indispensable for your NCR</small>	Project name: Enter text <small>If applicable</small>	

## Product information

VAR ID: Enter text	Quantity: Enter text
Tag no.: Enter text <small>If applicable</small>	Serial no.: Enter text <small>If applicable</small>
Where is the equipment: Enter text	Return to SAMSON REGULATION SAS: <input type="checkbox"/> Yes <input type="checkbox"/> No

## Description of non-conformance:

Enter text
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## Non-conformance was found during:

<input type="checkbox"/>	Incoming inspection	<input type="checkbox"/>	Loop check
<input type="checkbox"/>	Installation	<input type="checkbox"/>	Other: Enter text

## To be filled in by SAMSON REGULATION SAS:

In-house NCR No.: Enter text	Date of receipt: Select Date
Processed by: Enter text	Received by: Enter text