

Title:		
Open Date:	Revision Date:	Revision Number:
Prior 8D Report No:	Date of Prior 8D Report:	Closed Date:
Purchase Order No:	Invoice Number:	Log Number:
Date of Receipt:	Quantity Received:	Quantity Tested:

Customer Information / Contact Person(s).		Supplier Information / Contact Person(s).	
Name:	Address:	Name:	Address:
Contact Person:	Telephone No:	Contact Person:	Telephone No:
Telefax No:	E-Mail Address:	Telefax No:	E-Mail Address:

Part Information.	
Customer Part Number:	
Part Name / Description:	
Designated Customer Switch Nos:	

D1. Team Members (Name, Job Title, Telephone Number).			
	<u>Name</u>	<u>Job Title</u>	<u>Telephone Number</u>
Concern Champion:			
Team Leader:			
Team Members:			

D2. Problem Description / Reason for Rejection.		
Return Reason Code: Red Label:		

D3. Identify Interim Corrective Action(s).		
	<u>% Effectiveness</u>	<u>Date Effective</u>

D4. Define Root Cause.

	<u>% Contribution</u>

D5. Identify Permanent Corrective Action(s).

	<u>% Effectiveness</u>	<u>Date Effective</u>

D6. Verify Effectiveness of Chosen Permanent Corrective Action(s).

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D7. Prevent Recurrence.

	<u>Date</u>
<ul style="list-style-type: none"> • Design <input type="checkbox"/> • DFMEA <input type="checkbox"/> • PFMEA <input type="checkbox"/> • Preventive Maintenance <input type="checkbox"/> • Process Instructions <input type="checkbox"/> • Quality Control Plan <input type="checkbox"/> • APQP (ensure that all actions taken are cascaded to appropriate APQP teams) <input type="checkbox"/> 	

D8. Team and Individual Recognition.

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Financial Settlement.

Debit note no.	<u>Cost (MTL)</u>
Material disposal:	
Comments:	
Material:	
Re-work (labour cost only):	
Sorting (labour cost only):	
Freight:	
Others (please specify):	
Administration charges:	
TOTAL (This sum will be debited to your account.):	
<i>In case any of the above costs are quoted in a foreign currency, please indicate this currency and the exchange rate.</i>	

	Supplier's Approvals.			Customer's Approvals.							
	Team Leader	Concern Champion	Quality Assurance Manager	Incoming Quality Inspector	Supplier Quality Engineer	Quality Assurance Manager					
Name:											
Signature:											
Date:											