

8D REPORT (CORRECTIVE ACTION REPORT)



VENDOR NON CONFORMANCE

Complaint No. :

Date:

1D COMPLAINT REFERENCES

SUPPLIER INFORMATION:

Supplier Name:

Contact Person:

Email ID:

Phone No. :

Invoice No:

Invoice Date :

Invoice Qty:

Defected Qty:

OUR INFORMATION:

Contact Person:

Phone No. :

Email ID:

PO Number:

Category of Complaint:

Item Description:

2D PROBLEM DESCRIPTION

Resp

Date

3D PROBLEM ANALYSIS AND ACTIONS (Recalls and Disposition)

Resp

Date

4D ROOT CAUSE ANALYSIS

Resp

Date





VENDOR NON CONFORMANCE

5D CORRECTION AND COMMERCIAL SETTLEMENT	Resp	Date
6D CORRECTIVE ACTIONS	Resp	Date
7D EFFECTIVENESS VERIFICATION (by AXIS)	Resp	Date
<input type="checkbox"/> Above actions found satisfactory / unsatisfactory <input type="checkbox"/> If unsatisfactory then send back for re-verification <input type="checkbox"/> To observe next 3 supplies for effectiveness (if Applicable) <input type="checkbox"/> Commercial Settlement <input type="checkbox"/> Visit to supplier <input type="checkbox"/> Recommendation for closure <input type="checkbox"/> Other remarks if any ATTACHMENTS: <input type="checkbox"/> Analysis Report <input type="checkbox"/> Other Reference Documents Remarks by EV Member :		
8D FINAL CLOSURE (by AXIS)	Resp	Date
Remarks by Closure Member : Closed <input type="text"/> Open <input type="text"/>		

