



SUPPLIER CORRECTIVE ACTION REQUEST (SCAR)

MDA Originator Name		SCAR No.		Date Issued	Click here to enter a date
Source of SCAR	Choose a source	Source Document No. (Ref. NCR#, Audit Report #, RMA#, etc. if applicable)			
Supplier Name:		Program:		Criticality	Choose a criticality
Sup. Contact Name:		Part No.		Part Model:	
Sup. Contact Email:		Serial No.:			
Affected Lot No.					
QTY Affected:		Part Desc.:			
MDA PO No.:		PO Line No.:		PO Line QTY:	

D1: Team Members (Name and responsibilities)
MDA Team Members:
Supplier Team Members:

D2: Describe the problem (1 st : Requirement, include relevant section of the drawing if available, 2 nd : Describe the Non-Conformity, 3 rd : Objective Evidence, detail of the findings with picture if available)
Requirement:
Non-Conformity:
Objective Evidence:

D3: Containment Actions (Provide details and include documents such as Purge note, Quality Alert, Stop build/Ship, Inspection and or Test result, Work order, Serial No., Lot No., etc.) Note: 1st Time Response within 2 business days of the received complaint			
Containment Date:	Click here to enter a date		
Responsible Name/s:			

D4: Identify the Root Cause (Provide potential cause analysis and determine the most likely root cause; analysis method might be applied, such as 5Why, fishbone, etc.)			
Responsible Name/s:		Completion Date:	Click here to enter a date



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D5: Define and Develop Corrective Action Plan <i>(What permanent solution/s could be implemented? How will you know if it is effective?) Note: Corrective Action Plan & Verification Plan within <u>30</u> days after the SCAR is raised.</i>			
Responsible Name/s:			
Planned Completion Date:	Click here to enter a date	Actual Completion Date:	Click here to enter a date

D6: Implemented Corrective Action with Verification <i>(What permanent solution/s were taken? Describe Implementation and verification) Note: Implementation of Corrective Action shall be within <u>60</u> days after the SCAR is raised.</i>			
Responsible Name/s:			
Implementation Date:	Click here to enter a date	Due Date:	Click here to enter a date
Verification for Effectiveness:			
Responsible Name/s:			
Verification Date:	Click here to enter a date		

D7: Preventive Measures <i>(How will you prevent systemic problem? What measures can be implemented to prevent a similar problem? Are there any lessons that can be applied elsewhere? Document any learning that came from this process)</i>			
Responsible Name/s:		Completion Date:	Click here to enter a date

D8: Closure and Approval <i>(Enter closure statement/comments by Identify lessons learned and how could this help with future problem solving?)</i>			
Closure Responsible Name/Signature:		Date:	Click here to enter a date
Final Closure <i>(to be completed by MDA)</i>			
MDA Approver Name:		Approval Date:	Click here to enter a date