

# 8D ROOT CAUSE CORRECTIVE ACTION FORM

WARNING	This document contains data classified as shown below:		
	Data not technical:	<input type="checkbox"/>	
	Classification analysis Date:		
		Long description (unlimited number of characters)	Short description (35 characters), to be presented on the header of each page
	Type of export control classification (for instance: ECCN, USML, ...):		
	Other restrictions or comments (IP):		

General Information			
Supplier Name:		Supplier Contact:	
Part Number:		Item Number:	
Part Description:			
Customer Name:			
Customer NC/QN # (if applicable or known):			
Non-Conformance Information			
Specification/Definition Requirement:			
Description of the Nonconformance:			
Repeat Issue? Yes <input type="checkbox"/> No <input type="checkbox"/>			
D0: Immediate Containment Actions ( <i>attach containment form if used</i> )			

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D1: Identify the resources & Form the Team			
Team Leader			
Team Leader Team Members			
Team Leader Team Members			
Team Leader		Phone/Extension #	Email
Team Members			
Team Members			
Resources			
Team Members Resources			
Team Members Resources			
Team Members Resources			

D2: Define the Problem/Issue - Enter a problem statement / detailed description of nonconformance

D3: Immediate/Temporary Corrective Actions: (if needed)					
List action(s) on a separate sheet if necessary		Action Owner	Target Date of Completion	Actual Date of Completion	
1.			<i>Enter Date</i>	<i>Enter Date</i>	
2.			<i>Enter Date</i>	<i>Enter Date</i>	
3.			<i>Enter Date</i>	<i>Enter Date</i>	
4.			<i>Enter Date</i>	<i>Enter Date</i>	
5.			<i>Enter Date</i>	<i>Enter Date</i>	

D4: Root Cause of the Symptom: (Use appropriate analysis tools and attach to form)

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<b>D5: Chosen Permanent Corrective Action(s):</b>				
	List action(s) on a separate sheet and attach if necessary	Action Owner	Target Date of Completion	Implementation/ Completed date
1			<i>Enter Date</i>	<i>Enter Date</i>
2			<i>Enter Date</i>	<i>Enter Date</i>
3			<i>Enter Date</i>	<i>Enter Date</i>
4			<i>Enter Date</i>	<i>Enter Date</i>
5			<i>Enter Date</i>	<i>Enter Date</i>

<b>D6: Systematic Preventative Recommendations:</b> (other PNs, prints, routers, specifications, processes, etc.)	
Have Engineering and Marketing been contacted to update PFMEA and PPAP data?	<input type="radio"/> No <input type="radio"/> Yes
Are similar parts and/or processes affected?	<input type="radio"/> No <input type="radio"/> Yes

<b>D7: Verify Implemented Corrective Action(s):</b> (Originator Responsibility provide objective evidence when practical)	
Has the problem or Issue reoccurred to your knowledge?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Attach objective evidence of implementation/completion: ( <i>updated procedure, new form, training record, etc.</i> )	

<b>D8: Team and Individual Recognition:</b>			
<b>Originator Name</b> ( <i>print/type</i> ):		<b>Date:</b>	<i>Enter Date</i>
<b>Originator Signature</b> ( <i>sign/electronic</i> ):			