|  |  |
| --- | --- |
| Inspection report n°:       | Inspection report issue date:       |
| Part number:       | Issue/Rev:       |
| Part description:       | Issuer at Customer:       |
| Rejected quantity:       | Rejected Quantity after investigation:       |
| Supplier Name:       | Nitator report n°:       |

|  |  |  |
| --- | --- | --- |
| **D1: Use a Team Approach**The Problem Solving Investigator, uses a multi-person approach to collect information from those directly associated with and/or impacted by the problem. The Team members names and contact info should be listed here. | Responsible      |  |
|

|  |  |
| --- | --- |
| Team Members: | Business Phone: |
|       |       | +46 (0)       |
|       |       | +46 (0)       |
|       |       | +46 (0)       |
|       |       | +46 (0)       |

 | Planned date      |  |
|  | Achieved date      |  |
| **D2: Describe the Problem**Collect the data from those involved with the problem and produce a Well Formed Description.  | Responsible      |  |
| **WHAT** is the problem in comparison to a conforming part? | Planned date      |  |
| *Please attach Pictures or drawing of a good part and a bad part with red circle on the defect zone*   |  |  |
| **WHY** is it a problem? *explain the effect.* |  |  |
|       |  |  |
| **WHEN** was the problem discovered? **WHERE**? **BY WHO**? |  |  |
|       |  |  |
| **HOW** was it detected? |  |  |
|       |  |  |
| **HOW MANY** defective parts have been detected? Exact quantities detected at the real place (could be by dates, if detected several times) |  |  |
|       |  |  |
| Are other part numbers affected? YES [ ]  NO [ ] Ref:      |  |  |
|  | Achieved date      |  |
| **D3: Implement and Verify Containment (temporary fix)**Implement containment to control the situation and mitigate further negative effects of the problem. (segregation, selection, temporary actions in the process etc…..) | Responsible      |  |
| *How, where , who, when, check*      | Planned date      |  |
| Markings on delivered OK parts? YES [ ]  NO [ ]  |  |  |
| Sorting results at each step of the flow

|  |  |  |
| --- | --- | --- |
| Location | Material Sorted | Quantities/Comments |
| Customer Plant: | YES [ ]  NO [ ]  |       |
| Warehouse & Transit: | YES [ ]  NO [ ]  |       |
| Supplier Plant: | YES [ ]  NO [ ]  |       |
| Tier 2: | YES [ ]  NO [ ]  |       |

 |  |  |
|  | Achieved date      |  |
| What have we learned from the sorting? |  |  |
|       |  |  |

|  |  |
| --- | --- |
| **D4: Root Cause Analysis**Identify the Possible Causes of the problem for both occurrence and non detection. Conduct a Root Cause Analysis to determine true Root Cause of the problem using the 5 why’s. Reproduce the defect to confirm the true root cause. | Responsible      |
| Occurrence: *5 Why’s + proofs* | Planned date      |  |
|       |  |  |
| Non detection: *5 Why’s + proofs* |  |  |
|       |  |  |
|  | Achieved date      |  |
| **D5: Develop Permanent Corrective Actions / Solution(s)**Develop Permanent Solution(s) that address each Root Cause. Verify and test the Permanent Solution(s). | Responsible      |  |
| Occurrence *(How ,where, Who, When, Check)* | Planned date |  |
|       |       |  |
|  | Achieved date      |  |
| Non detection *(How ,where, Who, When, Check)* | Planned date |  |
|       |       |  |
|  | Achieved date      |  |
| **D6: Validate Permanent CA / Solution(s)**Validate that the chosen solution is effective. | Responsible      |  |
| *Real data from the shop floor/field proving that the problem has disappeared*      | Planned date      |  |
|  | Achieved date      |  |
| **D7: Prevent Recurrence**Prevent recurrence of the problem at the problem site and across the organization. | Responsible      |  |
| Standards update (PFMEA, control plan, work instructions, maintenance plan, procedures….)*(What, Who, When, Submit update)* | Planned date      |
|       |  |
| Holistic View/Generalization* Can this problem occur on a similar product?
* Can this problem occur on a similar line?
* Who is assigned to address this issue?
 |  |
|       |  |
|  |  |
|  |  |
| **D8: Close Problem and Recognize Contributions**Audit implemented solutions. *(when, result)*Reinforce the 8D process with recognition of team member contributions. | Achieved date      |  |
|       | Responsible      |  |
|  | Planned date      |  |
|  | Achieved date      |  |

**The undersigned have verified acceptable corrective action effectiveness on the above stated corrective actions:**

|  |  |  |
| --- | --- | --- |
| **Supplier Representative Responsible** | **Signature** | **Date** |
| Name:       |  |       |
| Title:       |  |  |
|  |
| **Customer****Supplier Quality Representative** | **Signature** | **Date** |
| Name:       |  |       |
| Title:       |  |  |