|  |  |
| --- | --- |
| 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? |  |  |
|  |  |  |

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| **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: |  |  |