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6-D Corrective Action Report

Date of Notification: _____
Date of Completion: _____

RGA/RMA _____
C.A. #: _____
Customer Reject #: _____

Customer: (Who received the Non-Conforming parts)	**Supplier:** (Who supplied the Non-Conforming parts)

TEAM Part Number: **Customer Part Number:**	**Quantity Rejected:**
Part Description:	**Date Rejected:**

Team Members:

Team Champion:
Team Leader:
Team Members:

NOTES:

Problem Description: What feature, who discovered, how discovered, when discovered

Short Term Corrective Action: Assign responsibility and due dates, initial/date all entries. Due within 24 hrs.

Containment: (Supplier, Sub operation, Customer and actions taken to isolate the effect of the problem until C/A is implemented.)

Short term action taken: (detection/correction

Specific Root Cause: Review history, identify changes, patterns, potential root causes. (5W2H) Ask who, what, where, when, why, how, and how many in an effort to identify the specific origin or source of the problem. Utilize the 5-Why approach for each of the following:

Hardware (why made?): (fixturing, gauging, tooling)

Detection (why missed?): (control plan effectiveness)

System (why not predicted?): (FMEA, procedural, documentation)

Long Term Corrective Action: Assign responsibility and due dates. Initial/date all entries. Plans to prevent recurrence. What will be changed or implemented to prevent recurrence?
Due within 15 business days or per customer requirements. Extensions may be requested.

Hardware changes: (fixturing, gauging, tooling, Poka-Yoke)

Detection changes: (changes to control plan)

System changes: (attach documentation)

Verification: Has long term C/A been implemented and is it effective? What will be monitored, how often will indicators be reviewed, and who will review them? Document tests performed & results. Attach supporting data when applicable.

Hardware:

Detection:

System:

Prevention: Has long term C/A been implemented to all product lines with similar processes to prevent similar problem(s) from occurring? **FMEA updated** ☐ **Yes** ☐ **No**

Champion Signature:

Quality Manager/Representative Signature to Close: