

# NONCONFORMANCE/CORRECTIVE ACTION

Supplier   
  In-Process   
  Final   
  Customer Complaints

<b>Number</b>
<i>Assigned by ISO Coordinator</i>

Customer/Supplier: \_\_\_\_\_ Location: \_\_\_\_\_  
 Assigned to: \_\_\_\_\_ Product: \_\_\_\_\_  
 Lot #: \_\_\_\_\_ Customer Order # \_\_\_\_\_ Invoice# \_\_\_\_\_

DESCRIPTION OF NONCONFORMANCE

Signature \_\_\_\_\_ Date \_\_\_\_\_

ROOT CAUSE ANALYSIS
<input type="checkbox"/> Alternate Use <input type="checkbox"/> Concession <input type="checkbox"/> Rework/Repair <input type="checkbox"/> Other

Signature \_\_\_\_\_ Date \_\_\_\_\_

CORRECTIVE ACTION

Signature \_\_\_\_\_ Date \_\_\_\_\_

First Verification     Effective     Ineffective    Initials \_\_\_\_\_ Date \_\_\_\_\_  
 Second Verification     Effective     Ineffective    Initials \_\_\_\_\_ Date \_\_\_\_\_

**CUSTOMER SATISFIED**       Yes       No

**COST OF ERROR** \_\_\_\_\_

**COMPLAINT CLOSED**       Yes       No

**ADDITIONAL COMMENTS** \_\_\_\_\_

ISO MR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: *Department Manager affected, ISO MR*