

CORRECTIVE ACTION REPORT

<input checked="" type="checkbox"/> System Nonconformance	Attention To: <u>Protech Coating</u> Section: <u>Subcon</u>	Issued Date: <u>December 14, 2021</u> Reply Due Date: <u>December 14, 2021</u>
Source of Information: <input checked="" type="checkbox"/> OTHERS		Del. Date: _____ <i>To be filled-up by issuing party</i>
Prepared by: <u>Rosemie N. Sandoval</u> Assistant Supervisor		Checked by: <u>Roldan H. Macalindro</u> QA/QC Supervisor
DESCRIPTION OF THE PROBLEM: CUSTOMER: _____ SUPPLIER/SUBCON: _____ PART NAME: _____ PART NUMBER: _____ PO # / DR #: _____ LOT No. / Lot Qty.: _____ / _____ NG QTY.: _____ 0		DISPOSITION: <input checked="" type="checkbox"/> Others: _____
TYPE OF NON-CONFORMANCE: Others Process, procedure and planning inadequate		RECOVERY SCHEDULE: <i>(Planning Department Use)</i> Return Date: _____ Lot Number: _____ Material Specs.: _____ t Prodn. Sched.: _____ Deliv. To Subcon/Supplier: _____ Delivery to Customer: _____
DETAILS OF NON-CONFORMANCE it could not be established whether the organization take actions to acquire necessary competence for their employees and evaluate the effectiveness of the action taken. Noted lapses on the implementation of training and certification for their employees		INTERIM ACTION: <i>(Containment/Sorting Result/Attendance Record)</i>
CAUSE OF DEFECT: <i>(Concern Section)</i>		4M ANALYSIS: <input checked="" type="checkbox"/> MAN
PROCESS CAUSE: <i>(Why/How defect was made?)</i>		FLOW OUT CAUSE: <i>(Why/How defect Leaked out?)</i>
CORRECTIVE ACTION: <i>(For improvement of the Organization)</i>		PROCESS ACTION: <i>(Evidence/Result Attendance Record)</i>
FLOW OUT ACTION: <i>(Evidence/Result Attendance Record)</i>		Implementation Date: _____ In charge: _____
CLOSURE/VERIFICATION OF EFFECTIVENESS		VERIFIED BY: QA/QC MANAGER QA/QC SUPERVISOR DATE: _____
STATUS: <input checked="" type="checkbox"/> ISSUED		

NOTE: Please use additional sheet for evidence/attachment